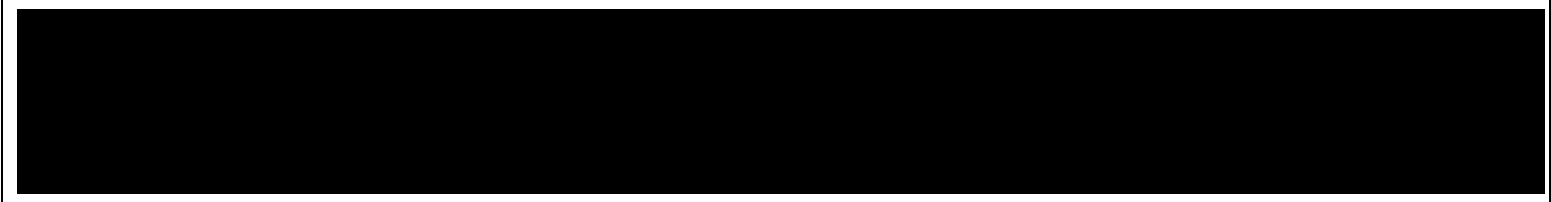


Report #: _____

**TAMPA POLICE DEPARTMENT
CONSENT AND RELEASE**

Date: _____

Page: _____ of _____



SWORN STATEMENT ACKNOWLEDGEMENT:

I, [Int. ____] swear or affirm that my statements made on this date concerning the offense of _____ are true and voluntarily made. I further certify that I have been informed that if I knowingly give false information to any law enforcement officer concerning the alleged commission of any crime, it is a criminal offense as stated in Florida State Statutes.



Print Name _____

Sign Name _____

The foregoing instrument was sworn to before me this _____ day of _____ Year _____

Officer: _____ Badge #: _____

Officer: _____ Badge #: _____

