

U.S. DOC/NOAA
National Ocean Service
Marine Forensic Branch

EVIDENCE RELEASE FORM AUTHORIZATION TO DISPOSE OF EVIDENCE

Mail To: Evidence Handler
National Ocean Service
Marine Forensic Branch
219 Fort Johnson Road
Charleston, SC 29412

<p>It is the preference of the NOS Marine Forensic Branch to return all evidence items to the submitter following analysis and issuance of examination reports. In a previous telephone conversation you indicated that you did not want the evidence returned to you, but would rather have us keep it for research of dispose of it. Before we can use or dispose of the evidence we must have your authorization on this form. Please fully and carefully complete this form and return it to the Evidence Handler at the Laboratory at your earliest convenience.</p> <p>AUTHORIZATION SIGNATURE: _____ DATE: ___/___/___</p>	Date:	Agency Case #:
	Lab Case #:	Lab Case #:
	Case Officer: (Name & Badge #) Phone:	
	Lab Case Coordinator:	Phone:
	Agency Name, Address:	

ITEMS AUTHORIZED BY MY SIGNATURE FOR DISPOSAL

Item# or Evidence Tag#:	Item Description: Use entire block to describe 1 tagged item or the contents of one tagged package	Lab #:	Bar Code#:

Additional items listed on back? **yes** **no**

