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| --- | --- | --- |
|  | **C:\Data\Winword\template\BadgeBW.bmp** |  |
|  |
| AUTHORITY FOR MEDIA RELEASE – INFORMATION OR IMAGE OF MISSING PERSON  |
|  |
|  |
| **Instructions:** This authorisation must be completed and faxed to the Media Unit prior to releasing the image or information of the missing person. The original must then be forwarded to the Media Unit (A faxed copy will be actioned before arrival of the original). |
|  |
|  |
| I,  |       | being the  |       |
|  | (FULL NAME OF PERSON) |  | (RELATIONSHIP) |
|  |
| of missing person  |       |
|  | (FULL NAME & ANY PREFERRED / KNOWN NAME) |
|  |
| do hereby authorise Victoria Police to use any and all means to locate the said missing person including the release of information and photographs to any and all media outlets. |
|  |
|  |
| Signed: |  |
|  | (SIGNATURE OF PERSON AUTHORISING RELEASE OF INFORMATION) |
|  |  |
| Print Name: |  |
|  | (FULL NAME OF NEXT OF KIN/CONCERNED PERSON ) |
|  |  |
| Statement taken and signature witnessed by me at  |       |
|  | (LOCATION) |
|  |
| on |       | at  |       |  |
|  | (DATE) |  | (TIME) |  |
|  |
| Signed: |  |
|  |  |
| Print Name: |       |
|  | (NAME OF WITNESSING MEMBER) |
| Rank/Reg No: |       |
|  |  |