Forensis Noctuam, LLC
Forensic Pathology Consultation

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REPORTS RELEASE

I, _____, (relationship) _____

and authorized representative of the decedent _____

(Date of birth: _____), give Dr. Kyle C. Shaw and Forensis Noctuam, LLC, permission and authority to release a copy of reports and related ancillary files for said decedent, as below.

- ☐ Autopsy report
- ☐ Procurement report(s)
- ☐ Autopsy photographs
- ☐ Toxicology report(s)
- ☐ Microbiology report(s)
- ☐ Body diagram(s)
- ☐ Genetic analysis report(s)
- ☐ Consult report(s)
- ☐ Other: _____

I request the above marked items be released to (please provide name, contact information, and email address for digital files):

Sincerely,

_____ _____

Signature Date