

University Police  
MTSU Box 141  
Murfreesboro, TN 37132  
615-898-2424



## Letter of Authorization to Retrieve Accident Report

Incident Report Number: \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, authorize:  
[Person named on Accident Report]

\_\_\_\_\_  
[Name and Address of Authorized Person(s)]

as my agent/legal representative/attorney to receive a copy of the above accident report with no redactions from the Middle Tennessee State University Police Department.

\_\_\_\_\_  
Signature of Person named on Accident Report

\_\_\_\_\_  
Date

**\*\*Governed by TCA 10-7-504 (a) (31) (B), amended July 1, 2019\*\***

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