



Invisible Condition Request Form

South Ogden Police Department

3950 Adams Avenue

South Ogden, UT 84403

Phone: 801-622-2800 Fax: 801-622-2817 Email: records@southogdencity.com

COMPLETE FORM AND SUBMIT TO THE SOUTH OGDEN POLICE DEPARTMENT

First Name

Last Name

South Ogden City Address

Date of Birth

Driver License/Identification Card Number

I request the South Ogden Police Department (SOPD) place invisible condition identification information in my record with SOPD, in accordance with UCA (53-3-207); and consent to disclosure of my name, address and invisible condition(s) as reported by me and verified by my health care professional.

I voluntarily release my medical information and waive any and all claims against the South Ogden Police Department or any person who may have access to my medical information as contained in my record with the South Ogden Police Department.

I am consenting to the release of the medical information listed on this form, and waive any claims to privacy regarding this medical information under state or federal law.

Applicant's Signature

Date

Authorized Guardian's Signature

Date

Authorized Guardian's Printed Name

Address

Phone Number

The individual listed above has the following invisible condition(s):

This form must be accompanied by a letter from your physician verifying the conditions listed. (in accordance with UCA 53-3-207)