



Florida Department of Law Enforcement Request for Exemption from Public Records

By submitting this form, as provided by Section (§) 119.071, Florida Statutes (F.S.), you are requesting that the FDLE redact your identifying and locational information from any FDLE records provided to the public.

IMPORTANT INSTRUCTIONS:

- Submission of this Request form is only necessary if FDLE has records identifying you or your spouse/child/dependent.
- Please submit a separate form for each individual to whom an exemption applies (e.g. your spouse/child/dependent).
- A new Request for Exemption from Public Records form must be submitted if there is a change in your information or status as an individual qualifying for an exemption.

Submit signed and completed form to:

Public Records Custodian ▪ Florida Department of Law Enforcement ▪ Office of the General Counsel
P.O. Box 1489 ▪ Tallahassee, Florida 32302-1489
Or via email: PublicRecords@fdle.state.fl.us ▪ Or via Facsimile: (850) 410-7699

Please print clearly or type the following information.

Full name, as on driver's license, is: _____

Suffix _____ (e.g., Sr., Jr., II, III) Date of Birth: _____ MM/DD/YYYY Last Four of SSN: _____

Other names I have used: _____

Home address (address line): _____

Home address (city, state and zip code): _____

Telephone Number: _____ Email Address: _____

If you are requesting a public records exemption, please include the following information. IF YOU DO NOT IDENTIFY WHICH SPECIFIC EXEMPTION APPLIES TO YOU, FDLE WILL NOT IMPLEMENT OR MAINTAIN YOUR EXEMPTION.

Please List any exemption(s) that apply to you.

Florida Statute – Authority for exemption <small>(ex: s. 119.071(4)(d)2.a.)</small>	I am Current or Former (check if applicable)	I am a Spouse of an exempted individual (check if applicable)	I am a Child/Dependent of an exempted individual (check if applicable)

ATTESTATIONS:

I hereby swear or affirm to the following: I have reviewed the appropriate section(s) of law listed above. I am an individual, or the spouse/child/dependent of an individual, exempt pursuant to the public records exemption(s) indicated above. This exemption will be maintained indefinitely unless you specifically request for it to be removed. All information on this form is true and correct. Where applicable, I have made reasonable efforts to protect such information from being accessible through other means available to the public.

Signature: _____ Date: _____

Print your full name: _____