



**Florida Department of Law Enforcement  
Request for Exemption from Chapter 119,  
Florida Statutes Public Records**

**IMPORTANT INSTRUCTIONS:**

- Please include the specific Florida statute that applies to your occupation.
- 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.
- The request for the Chapter 119, Florida Statutes public records exemption made to FDLE is for public records maintained by FDLE.
- Submission of this Request form is only necessary if FDLE has Chapter 119, Florida Statutes public records identifying you or your spouse/child/dependent.

**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](mailto:PublicRecords@fdle.state.fl.us) • Or via Facsimile: (850) 410-7699

**Please print clearly or type the following information.**

<b>Full Name (Required):</b>		<b>Suffix (Sr., Jr., II):</b>
<b>Date of Birth (Optional):</b>		<b>Last Four of SSN (Optional):</b>
<b>Home Address (Optional):</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Telephone Number (Optional):</b>		
<b>Email address (Optional):</b>		
<b>Name of Your Current or Former Employing Agency (Required):</b>		
<b>REQUIRED, Specific Florida Statute for Your Request (ex. FS 119.071(4)(d)2.a.)</b>		

**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 parent/guardian of an individual, exempt pursuant to the public records exemption(s) indicated above. 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 (may be electronic): \_\_\_\_\_ Date: \_\_\_\_\_

Print your full name: \_\_\_\_\_