



## Sesame County Sheriff's Department

10000 Sesame Street  
Anytown, AnyState 00000  
Administration 000-111-2222  
Emergency 000-222-1111

04/27/10

I, \_\_\_\_\_ (Supervisor Name), do hereby attest that I am actively employed with \_\_\_\_\_ (Branch of Office) as the \_\_\_\_\_ (Position Title/Occupation), exercising supervisory authority over the below signed requestor for access to the Indiana Prescription Monitoring Program (INSPECT).

I verify that \_\_\_\_\_ (Requestor Name), is actively employed with the \_\_\_\_\_ (Branch of Office) as a \_\_\_\_\_ (Position Title/Occupation) and that access to INSPECT is pertinent to his/her law enforcement duties, as it relates to researching and/or the prosecution of current investigations that involves controlled substances.

I hereby authorize this law enforcement requestor to have access to INSPECT.

\_\_\_\_\_  
SUPERVISOR NAME

\_\_\_\_\_  
Date

\_\_\_\_\_  
REQUESTOR NAME

\_\_\_\_\_  
Date