

AUTHORIZATION FOR RELEASE OF CASE RECORD INFORMATION

(Name of Institution or Community Corrections Unit)

TO WHOM IT MAY CONCERN:

I, _____, hereby authorize and request that the below
(Name of Prisoner, Probationer or Parolee)
indicated information be released by the officials of the Department of Corrections to:

_____, for the purpose of: _____

_____.

This authorization will expire on, _____ or automatically 180 days after signing.

SPECIFIC INFORMATION AUTHORIZED TO BE RELEASED: _____

Staff Witness/Date

Signature Authorizing Release/Date

Distribution:

- Original: Case Record
- Cc: Prisoner, Probationer or Parolee
- Person or agency to whom information is released