DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
AUTHORIZATION TO RELEASE INFORMATION

I, _____ , authorize any assigned social worker in the Social
Print Name / SID#
Work Department of the Maryland Department of Public Safety and Correctional Services to disclose information regarding:

- My medical and/or mental health conditions;
- My family and social history;
- My current charges and sentence or pending charges; and
- Any requirements to register as a sex offender.

I authorize this disclosure to allow the Social Work Department to facilitate treatment and services within the facility and/or to prepare for my release plan.

I understand that the disclosed information will only be provided to facilitate my treatment.

Signature: _____ Date: _____

Witness: _____ Date: _____