DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES

Request and Authorization to Release Information

Incarcerated Individual Name _____ Date of Birth _____

SID # _____ Facility _____

I hereby authorize the Department of Public Safety and Correctional Services to release the following information to the outside agency(ies) below for the purposes of individualized reentry planning and referrals.

Type of Information to be released are described or listed as (e.g. anticipated release date, needed services, and returning county): _____

_____

_____

_____

_____

Community Agency to Provide Reentry or Other Services

Name of Community Agency: _____

Point of Contact for Community Agency: _____

I understand that my authorization will remain effective from the date of my signature until the release of the information indicated above, this information will be handled confidentially in compliance with all applicable laws and regulations.

I understand:

- This authorization is voluntary.
- I may revoke the authorization at any time by giving written notice of revocation.
- I have read and understand the contents of this authorization, and I give permission to disclose the required information above to the requesting outside agency.

Incarcerated Individual Signature _____ Date _____

Reentry Specialist Signature _____ Date _____ Reentry Specialist Name - Print _____