## **AUTHORIZATION TO RELEASE INFORMATION**

(PRIVATE PERSON OR ORGANIZATION)

## TO PROBATION OFFICER

TO WHOM IT MAY CONCERN:		
Ι,	, the unde	ersigned, hereby authorize the
United States Probation Office for the or its authorized representative(s) or employ in your files pertaining to my:	District of vee(s), bearing this release or copy thereof, to c	bbtain any information ,
Employment		
Education Records (inclu personal history, and disc	ding, but not limited to academic achievement siplinary records)	, attendance, athletic,
Medical Records		
Psychological and Psychi	atric Records	
	h information upon request of the bearer. To nation is for the United States Probation Offic	
institution; hospital or other repository of medincluding its officers, employees, or related p	f such records, any school, college, or universidical records; social service agency; any employersonnel, both individually and collectively, from result to me, my heirs, family, or associates any other attempt to comply with it.	er or retail business establishment, m any and all liability for damages
at which time this authorization to use or dis	ion, I understand that this authorization is valid sclose this information expires. I understand t sed by the recipient and may no longer be prot	hat information used or disclosed
Regarding protected health informa any time by sending such written notification	tion, I understand that I have the right to revok n to the program's privacy contact at:	e this authorization, in writing, at
	(Name and Address of Program)	·
information, I will thereby revoke my author revoking this authorization before I satisfy t	tion, I understand that if I revoke this authorized rization to further disclosure of such information that requires many of authorization under such circumstances coon.	on. I also understand that are to participate in the program
(Authorizing Signature - Full Name)	(Full Name - Printed or Typed)	(Date)
WITNESS —	(Probation Officer)	(Date)
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