♠ PROB 11H
(Rev. 5/03)

AUTHORIZATION TO RELEASE GOVERNMENT (STATE OR FEDERAL) INFORMATION TO PROBATION OFFICER

I,	the un	dersigned, hereby waive my
rights under the Privacy Act, 5 U.S.C. 55	2a (Supp. IV, 1974), and authorize the disc	closure to the United
States Probation Office of the	District of	,
or its authorized representative(s) or employee(s), any and all information pertaining to me, contained in the files or systems of records maintained by any government agency subject to the Privacy Act, which such agency sees fit to convey, either orally or in writing, to the aforementioned Probation Office.		
I hereby waive any rights I may have under the Privacy Act to prior notice of such disclosure, or of any rights I may have to an accounting of such disclosure to the aforementioned Probation Office.		
I understand that this authorization will be used by the aforementioned Probation Office to request dis- disclosure of information pertaining to me from any or all federal or state agencies.		
This information is to be obtaine report or for supervision.	d for the purpose of conducting a presente	nce investigation and making a
supervision, at which time this authorization	rmation, I understand that this authorization on to use or disclose this information expires ration may be disclosed by the recipient and	s. I understand that information
Regarding protected health information, I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:		
-	(Name and Address of Program)	
confidential information, I will thereby reunderstand that revoking this authorization	nation, I understand that if I revoke this auvoke my authorization to further disclosure in before I satisfy the condition of my super My revocation of authorization under such y post-conviction supervision.	e of such information. I also rvision that requires this
Authorizing Signature (full name)	Full Name (printed or typed)	Date
-	Parent/Guardian Signature, if Required	
-	Attorney Signature, if Available	
WITNESS —	Probation Officer	Date