Authorization for Release of Case Record Information:

 *(Name of Institution or Facility)*

TO WHOM IT MAY CONCERN:

I, , herby authorize and request that the below indicated information

 *(Full Name of Offender)*

be released by the officials of the Department of Corrections to:

 ,

*(Name, Title and Agency Being Released to)*

for the purpose of:

 .

This authorization will expire on, or automatically 180 days after the signature date

below. *(Enter Date)*

SPECIFIC INFORMATION AUTHORIZED TO BE RELEASED:

Signature / Printed Name of Person Authorizing Release: Date:

Signature / Printed Name of Staff / Witness: Date:

**Distribution:**

Original: Prisoner Case Record.

Cc: Prisoner, Probationer or Parolee.

 Person or agency to whom information is released.