[Organization]

[Address}

[Phone] | [website]

**Authorization for Release of Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DOB \_\_\_\_\_\_\_\_\_\_,

hereby authorize the custodian of records pertaining to me, or the employees or agents of such custodian, to release information to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at [Organization] on any topic reasonably related to me, including but not limited to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I also authorize the sharing of original documents relating to my prior arrests, criminal case(s), and conviction history.

I understand that I have the right to cancel this authorization at any time. This authorization is valid for one year from the date below.

**Please send the records listed above to**:

[Organization]

Attn:

[Address]

Phone:

Fax:

□ This form was read to me in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ language, and I understood its contents before signing.

Dated: