

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

District Court of _____ County, Oklahoma.

_____	_____	_____	_____
Name	ODOC #	SSN	DOB

The offender above consents to the disclosure of confidential information by the following individual or organization:

Name or Title: _____
Organization: _____
Address: _____
City, State, Zip Code: _____

This information is to be released to:

Name, Title: _____
Organization: Oklahoma Department of Corrections
Address: _____
City, State, Zip Code: _____

The specific information to be released is as follows:

- Education transcripts* Employment Records** Certified Court Documents
 Marriage license or divorce documents Birth certificates Military records
 Medical Records (must be accompanied by a signed HIPPA waiver)

* Dates attended: _____

** Employers, please complete page 2

NOTICE (63 O.S. 1992, 1-502.2B)

ANY INFORMATION RELEASED REGARDING THE ABOVE-REFERENCED OFFENDER WILL BE USED TO PROCESS A CRIMINAL CASE. PLEASE DO NOT CHARGE FOR COPIES MADE.

The information for release may include information about drug abuse, alcoholism, or a medical condition that may be considered a communicable or venereal disease, including but not limited to diseases such as hepatitis, syphilis, gonorrhea, and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

State and federal statutes may prohibit further disclosures or releases of the above information without written consent from the person(s) about whom it pertains. The consent for release of confidential information does not authorize further release or disclosure nor constitute a waiver of such other statutes.

This consent form is effective until: _____

Signature of offender

Date

Signature of witness

Date

NOTE: The above information may not be re-disclosed except upon proper completion of a Release of Information form.

Employer Questionnaire

The offender referenced on page 1 of this form indicates employment by your company. Please provide the information requested below.

Date employed: _____ Date terminated/resigned: _____

Position: _____ Rate of pay: _____

Means of transportation (if known): _____

Please Rate the Following:

Skill	Excellent	Good	Fair	Poor
Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you rehire this individual? Yes No

Comments (additional paper may be used if needed): _____

Printed Name

Title

Signature

Date