

**STATE OF OKLAHOMA
OKLAHOMA DEPARTMENT OF CORRECTIONS
Authorization for Release of Protected Information**

I, _____, ODOC # _____, hereby authorize and request that the below indicated information be released by the officials of the Oklahoma Department of Corrections to the following:

Supervising Officer: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

Supervision and behavioral monitoring is a joint, cooperative responsibility of the supervising officer, treatment providers, polygraph examiners and law enforcement agencies. All relevant agencies/providers will cooperate in the planning, treatment and management of offenders in the community. Members involved in the treatment and management of offenders will have access to the same relevant information to improve public safety. Victims have the right to determine the extent to which they will be informed of the offender's status in the community.

The specific information to be released is as follows:

- | | | |
|--|--|---|
| <input type="checkbox"/> Criminal History | <input type="checkbox"/> Official Offense Report | <input type="checkbox"/> Victim's Statements |
| <input type="checkbox"/> Progress Reports | <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Pre-Sentence Investigation |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Transition Plan |
| <input type="checkbox"/> Certified Court Documents | <input type="checkbox"/> Polygraph Disclosures and Results | |
| <input type="checkbox"/> Other: _____ | | |

Date upon which authorization expires: _____ (if left blank, will expire 90 days from date of signature below)

The information authorized for release may include records which may indicate the presence of communicable or venereal disease, which may include, but are not limited to, diseases such as hepatitis, herpes, syphilis, gonorrhea, and human immune deficiency virus, also known as acquired immune deficiency syndrome (AIDS).

Certain statutes, state and federal, may prohibit further disclosures or release of the above information without specific written consent for release from the person(s) about whom it pertains. This consent is not intended to authorize further release or disclosure without my written authorization.

Signature

Date

Witness Printed Name

Witness Title

Witness Signature

Date