

I, _____, authorize _____
(Inmate) (Institution Name)

_____ to disclose to _____
(Recipient)

all information reasonably necessary to accomplish the stated purpose including sentencing data (BP-5), classification and progress reports, medical, and psychiatric reports, and release plans.
(Nature of Information)

Disclosure is to be made for the purpose of: _____

and my authorization is limited to the release of information relevant to this stated purpose.

I understand that my records are protected under the Federal Confidentially Regulations and cannot be disclosed without written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. In any event, this consent will cease to be effective after my conditional release from the institution.

Inmate Signature	Witness Signature
Date	Title

Record Copy - Inmate Central File; Copy - Inmate