AUTHORIZATION FOR RELEASE OF CUSTODIAL INFORMATION

I, ____________________________ hereby authorize ____________________________
to release a copy of the information indicated below to:

Name __________________________________________ Representing ____________________________

Mailing address __________________________________________________________ City, state, and zip code __________________________

The information is released for the following reasons:

________________________________________________________________________

INFORMATION THAT CAN BE RELEASED

☐ Educational History ☐ Reports to Court/Board
☐ Random Urinalysis (UA) Results ☐ Assessment or Reassessment of Risk forms
☐ Treatment Progress ☐ Risk Classification/Supervision Plan Interview Data
☐ Pre-Sentence Report ☐ Court or Board Orders
☐ Criminal History ☐ Other (specify): __________________________

Release of medical, dental, and mental health information, use DOC 13-035 Authorization for Disclosure of Health Information.

Release of drug and alcohol treatment information, use DOC 14-172 Substance Abuse Recovery Unit Compound Release of Confidential Information.

Release expiration will be at the time of release or at the discretion of the individual being supervised by the Department. Consent is subject to revocation at any time.

________________________________________________________________________

AUTHORIZATION

Signature ____________________________ DOC number ______ Date of birth ______ Date signed ______

Witness name ____________________________ Signature ____________________________ Date signed ______

Processed by (name, title, date) ____________________________ Scanned by (name, title, date) ____________________________

Prohibition on re-disclosure: These records have been disclosed to you from records of which confidentiality is protected. Any further re-disclosure is strictly prohibited. Any authorization specifying “Any and All” information will not be honored.

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

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