

**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION  
INSTITUTION DRUG ABUSE PROGRAMS**

I, \_\_\_\_\_ ,  
(Inmate)

authorize \_\_\_\_\_  
(Institution Name)

to disclose to \_\_\_\_\_  
(Recipients)

all information reasonably necessary to accomplish the stated purpose, including sentencing data, classification and  
(Nature of Information)

and progress reports, medical, and psychiatric reports, and release plans.

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 Confidentiality Regulations and cannot be disclosed without my 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)

\_\_\_\_\_  
(Title)