

RELEASE OF INFORMATION CONSENT

Not for use where consent is needed for participation in drug abuse programs or research projects, or for contact with news media. The appropriate form for each of these areas is to be substituted.

1. I (Name of Inmate)	2. Register Number
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3. Authorize (Person, Agency, Org.)	4. To disclose to (Recipients)
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5. The following information: (Initial one that applies):

(a) For Community Programming: (To educational facilities, Social Agencies, prospective employers, etc.)

That I am currently in the custody of the U.S. Attorney General either serving sentence or under supervision of the U.S. Parole Commission or U.S. Probation Office and any and all information in my Inmate Central File except as indicated below:

(Initials)

(b) Other Objective (Specify Information)

(Initials)

6. Disclosure is made for the purpose of

7. **I understand that I may revoke this consent in writing at any time except to the extent that disclosure has already been made based on that consent. In any event this consent ceases to be effective** (Initial applicable):

(a) For Community Programming: **Upon my release from supervision**

(Initials)

(b) Other Objective: (3 months from signature date)

(Initials)

8. Inmate's Signature	Date
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