

To: _____ (agency)

I, _____, hereby authorize _____,
or its authorized representatives or employees, bearing this release or copy thereof, to obtain any information
in your files pertaining to my:

- _____ Employment
- _____ Education records (including but not limited to: academic achievement,
attendance, athletic, personal history, and disciplinary records)
- _____ Medical Records
- _____ Psychological and Psychiatric Records
- _____ Presentence Investigation Reports
- _____ Attorney Records
- _____ Bank Records
- _____ **Personal Property, including _____
- _____ Other _____

I hereby direct you to release such information upon request of the bearer.

I hereby authorize you to communicate with my attorney, or authorized representative, about me.

SIGNATURE: _____

Print Name _____ Date: _____

Date of Birth: _____ SSN: _____

***THIS AUTHORIZATION EXPIRES ONE (1) YEAR FROM DATE OF SIGNATURE.
A PHOTOCOPY (or fax) OF THIS FORM WILL HAVE THE SAME FORCE AND EFFECT AS
THE ORIGINAL***