Kansas Department of Corrections
Consent for Release of Confidential Information

Subject Name_____

Date of Birth_____Dept. of Corrections Number_____

This authorization allows and requests _____ to release information as designated below to:

Individual / Organization Name:

Individual / Organization Address:

The information indicated below is to be released for the purposes of assisting the above-referenced individual or organization make determinations about the subject, an individual in the custody of the Secretary of Corrections.

() General Case Management Information/Impressions
() Employment Records
() Scholastic Records
() Criminal History Information
() Disciplinary Case Records
() Parole Board Release Certificate
() Personal Property Records
() Other, please specify:

This authorization shall run concurrent with the subject's criminal sentence, which expires:

I understand that this authorization may be withdrawn at any time. I release corrections officials and/or designated contractors from any liability for disclosing this information.

_____ _____
Signature of Subject Date

_____ _____
Signature of Parent, Guardian, or Authorized Representative Date

_____ _____
Witness Date

PROHIBITION ON RE-DISCLOSURE: The information disclosed is from records whose confidentiality may be protected by State and Federal law. Further disclosure of this information is prohibited, except with the specific written consent of the person to whom it pertains. Violations may result in legal action and the imposition of a fine.