

**AUTHORIZATION FOR THE RELEASE OF AND REQUEST  
FOR CONFIDENTIAL OR PRIVILEGED INFORMATION**

This document is to serve as my request for information as provided by the FREEDOM OF INFORMATION ACT and as my release of information as required by the PRIVACY ACT OF 1974.

This signed document, or copy, authorizes the United States Probation Officer to obtain information and records, general or specified, necessary for investigation/supervision, from ANY SOURCE, including ALL PRIVATE, CHURCH, MEDICAL AND MENTAL INSTITUTIONS, ALCOHOL or DRUG TREATMENT FACILITIES, and ALL GOVERNMENT, COURT, MILITARY, LAW ENFORCEMENT, SCHOOL, EMPLOYMENT, BANK/FINANCIAL SOURCES to include CREDIT INFORMATION SERVICES, the SOCIAL SECURITY ADMINISTRATION (including, but not limited to, Detailed Earnings History), and the OFFICE OF CHILD SUPPORT ENFORCEMENT.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Regarding protected health information, I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:

\_\_\_\_\_

(Name and Address of Program)

Regarding protected health information, I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before I satisfy the condition of my supervision that requires me to participate in the program will be reported to the Court. My revocation of authorization under such circumstances could be considered a violation of a condition of my pretrial or post-conviction supervision.

This document releases all participants from liability in the release or production of information relating to me when furnished to the United States Probation Officer.

This document, or copy, will remain in force until \_\_\_\_\_, 20\_\_\_\_, unless revoked earlier by me.

\_\_\_\_\_

Date

\_\_\_\_\_

Requester's Signature

\_\_\_\_\_

Requester's SSN

\_\_\_\_\_

Requester's Name

\_\_\_\_\_

Requester's DOB

\_\_\_\_\_

Address

\_\_\_\_\_

City/State/Zip Code

\_\_\_\_\_

Date

\_\_\_\_\_

Probation Officer's Signature