

OKLAHOMA DEPARTMENT OF CORRECTIONS

AUTHORIZATION to RELEASE DEPARTMENT of CORRECTIONS RECORD INFORMATION

I, _____ /_____/_____
Name ODOC # SS# DOB

do hereby consent to the disclosure by:

_____ (Name or title of person or organization and address by which disclosure is to be made.)

To: _____

_____ (Name or title of person or organization and address by which disclosure is to be made.)

The specific information to be released is as follows:

The reason for the disclosure of the requested information is as follows:

THIS RELEASE OF INFORMATION NOT VALID AFTER: ____/____/____

____/____/____
Date Signed

Inmate/Offender Signature

____/____/____
Date Witnessed

Witness Signature
(Complete all blanks before signing.)

NOTE: The above information may not be re-disclosed except upon proper completion of a release of information form.

cc: Field/Personnel File
Inmate/Offender/Employee