

OKLAHOMA DEPARTMENT OF CORRECTIONS (ODOC)
AUTHORIZATION FOR RELEASE OF INCARCERATION/SUPERVISION RECORDS

SECTION I.

INFORMATION PERTAINING TO:

OFFENDER'S NAME	BIRTHDATE	DOC NUMBER
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I request and hereby authorize that the records of my incarceration and parole/probation supervision which includes but not limited to the inmate/offender field file, probation/parole supervision file, assessments, program assignments, work assignments, program completion certificates, education records, and other records containing personal information that might not otherwise be subject to release without a subpoena or court order may be released to the individual identified below.

PURPOSE OF REQUEST: ☐ LEGAL ☐ OTHER IF OTHER, EXPLAIN: _____

SECTION II.

INDIVIDUAL TO WHOM SAID RECORDS MAY BE RELEASED:

FIRST NAME:		LAST NAME:	
ADDRESS NUMBER AND STREET:		CITY, STATE & ZIP CODE	
PHONE NUMBER		EMAIL ADDRESS	

SECTION III.

I understand:

- I may revoke this Authorization at any time by providing my written revocation to the Office of General Counsel, at 3400 N. Martin Luther King Ave., OKC, OK 73111. My revocation will not apply to information already disclosed in reliance upon this Authorization.
- Unless sooner revoked, the automatic expiration date of this Authorization will be twelve (12) months from the date of signature.
- Information used or disclosed under this Authorization may be subject to re-disclosure by the recipient and no longer protected by state or federal privacy laws and regulations.
- The information authorized for release may include my social security number and other sensitive information that would not otherwise be available to the person below without a subpoena or court order.
- The information authorized for release may include protected health information, including mental health diagnosis, classification, and treatment.
- The information authorized for release may include student educational records protected by Federal Education Rights and Privacy Act.
- The information authorized for release may include drug/alcohol abuse treatment records. This category of medical information/records is protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit anyone receiving this information or record from making further release unless further release is expressly permitted by the written authorization of the person to whom it pertains or is otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. As a result, by signing below, I specifically authorize any such records included in the records subject to this authorization to be released.
- The information authorized for release may include records that may indicate the presence of a communicable disease or noncommunicable disease.

Signature of Inmate/Offender

Date