CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

	is requested for the purpose of completing an investigation as ordered by: County, Oklahoma.					
District Sources			ilanoma.			
Name	OI	DOC #	SSN	DOB		
The offender above consents to the di	sclosure of confidential infor	nation by the	following individual o	r organization:		
Name or Title:						
Organization:						
Address:						
City, State, Zip Code:						
This information is to be released to:						
Name, Title:						
Organization: Oklahoma I	Department of Corrections					
Address:						
City, State, Zip Code:						
The <u>specific</u> information to be released ☐ Education transcripts*	d is as follows: □ Employment	Records**	☐ Certified Cou	rt Documents		
☐ Marriage license or divorce docum	nents Birth certification	tes	☐ Military record	ds		
* Dates attended:	** Emp	oloyers, please o	complete page 2			
	NOTICE (63 O.S. 1992, 1	-502.2B)				
ANY INFORMATION RELEASED R PROCESS A CRIMINAL CASE. PLE		_	-	L BE USED TO		
The information for release may include considered a communicable or vene gonorrhea, and the human immunode	real disease, including but i	not limited to	diseases such as h	epatitis, syphilis,		
State and federal statutes may prohibit from the person(s) about whom it pertarelease or disclosure nor constitute as	ins. The consent for release	of confidential				
This consent form is effective until:						
Signature of offender		1	Date			
Signature of witness		 I	Date			

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

Employer Questionnaire

The offender referenced on page 1 of this form indicates employment by your company. Please provide the information requested below.

Date employed:		Date terminated/resigned:			
Position:			Rate of pay:		
Means of transpor	tation (if known):				
Please Rate the Fo	llowing:				
Skill	Excellent	Good	Fair	Poor	
Performance					
Dependability					
Attitude					
Printed Name		Title			
Signature			Date		