

AUTHORIZATION TO RELEASE (PRIVATE PERSON OR ORGANIZATION) TO PROBATION OFFICER

TO WHOM IT MAY CONCERN:

I, _____; Other Names Used (including maiden name): _____; Date of Birth: _____; SSN: _____; the undersigned, hereby authorize the United States Probation Office for the Western District of Tennessee, or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain any information in your files pertaining to my:

- _____ Employment records, including but not limited to, dates of employment, salary and compensations, employer records as to work performance and reasons for termination of employment.
- _____ Educational Records (including, but not limited to academic achievement, attendance, athletic, personal history, and disciplinary records) pursuant to the provision of Tenn. Code Ann. § 10-7-504 and 34 C.F.R. § 99 of the Federal Regulations.
- _____ Medical Records both of a physical nature and of a psychological/psychiatric nature, including records of alcohol and/or drug and/or narcotic treatment pursuant to the provisions of 5 U.S.C. § 522(a), 42 U.S.C. § 1306, 20 C.F.R. § 401, and 42 C.F.R. § 2.
- _____ Birth/Marriage/Divorce Records
- _____ Military Service Records
- _____ Social Security Administration employment earnings and income information related to me as well as any benefit/disability information. It is also requested that the custodian of records verify the social security number assigned to the subject of this investigation.
- _____ Juvenile Arrest Records.
- _____ Financial Records, including but not limited to, charge accounts, loans, bank accounts, securities, real estate, life insurance, motor vehicles, lines of credit, trusts, and any other assets or liabilities in which I have interest.

(I also authorize the use of photostatic and telefaxed copies of this release be used in lieu of the original.)

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the United States Probation Office's official use.

I hereby release you, as custodian of such records, any school, college, or university, or other educational institution; hospital or other repository of medical records; social service agency; any employer or retail business establishment, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request for information or any other attempt to comply with it.

Regarding protected health information, I understand that this authorization is valid until my release from supervision, at which time this authorization to use or disclose this information expires. 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 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 post-conviction supervision.

(Authorizing Signature - Full Name)

(Full Name - Printed or Typed)

(Date)

WITNESS -

(Probation Officer)

(Date)