

AUTHORIZATION FOR THE DISCLOSURE OF INFORMATION
BY THE MAINE DEPARTMENT OF CORRECTIONS

I, _____, hereby authorize and give my consent to the Maine Department of Corrections and its respective agents and employees, to release information limited to the following specific types of information:

_____ Juvenile adjudications and informal adjustments and adult convictions _____

I permit the confidential information to be released only to the following persons, agencies or organization:

_____ United States Probation & Pretrial Services Office for the District of Maine _____

I permit this confidential information to be released only for the following reasons and purposes:

_____ To conduct a Pretrial or Presentence Investigation for the purpose of supervision _____

This authorization to release confidential information may be revoked by me, in writing at any time, except to the extent that action has already been taken. It shall be effective only long enough to answer the purpose for which it is given and no further confidential information will be released without the execution of an additional written statement of consent.

I understand that I have the right to review any materials provided by the Maine Department of Corrections prior to their disclosure.

- I waive my right to review these materials.
- I have reviewed these materials.

I agree to hold the Maine Department of Corrections and its respective agents and employees blameless for any consequences that may arise from the disclosure of the material described above.

Date

Signature

Date

Signature of parent or guardian (if person signing above is a minor or is an adult who has a guardian)

Date

Witness