

## CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

District Court of \_\_\_\_\_ County, Oklahoma.

Name	ODOC #	SSN	DOB
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The offender above consents to the disclosure of confidential information by the following individual or organization:

Name or Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

This information is to be released to:

Name, Title: \_\_\_\_\_  
Organization: Oklahoma Department of Corrections  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

The specific information to be released is as follows:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Education transcripts*   | <input type="checkbox"/> Employment Records** | <input type="checkbox"/> Certified Court Documents |
| <input type="checkbox"/> Marriage license or divorce documents                          | <input type="checkbox"/> Birth certificates   | <input type="checkbox"/> Military records          |
| <input type="checkbox"/> Medical Records (must be accompanied by a signed HIPPA waiver) |   |  |

\* Dates attended: \_\_\_\_\_

\*\* Employers, please complete page 2

### NOTICE (63 O.S. 1992, 1-502.2B)

**ANY INFORMATION RELEASED REGARDING THE ABOVE-REFERENCED OFFENDER WILL BE USED TO PROCESS A CRIMINAL CASE. PLEASE DO NOT CHARGE FOR COPIES MADE.**

The information for release may include information about drug abuse, alcoholism, or a medical condition that may be considered a communicable or venereal disease, including but not limited to diseases such as hepatitis, syphilis, gonorrhea, and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

State and federal statutes may prohibit further disclosures or releases of the above information without written consent from the person(s) about whom it pertains. The consent for release of confidential information does not authorize further release or disclosure nor constitute a waiver of such other statutes.

This consent form is effective until: \_\_\_\_\_

\_\_\_\_\_  
Signature of offender

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
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 transportation (if known): \_\_\_\_\_

**Please Rate the Following:**

Skill	Excellent	Good	Fair	Poor
Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you rehire this individual?    ☐ Yes        ☐ No

Comments (additional paper may be used if needed): \_\_\_\_\_

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\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date