

**OKLAHOMA DEPARTMENT OF CORRECTIONS**  
**AUTHORIZATION to RELEASE**  
**DEPARTMENT of CORRECTIONS RECORD INFORMATION**

I, \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Name ODOC # SS# DOB

do hereby consent to the disclosure by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Name or title of person or organization and address by which disclosure is to be made.)

To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Name or title of person or organization and address by which disclosure is to be made.)

The specific information to be released is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The reason for the disclosure of the requested information is as follows:

\_\_\_\_\_  
\_\_\_\_\_

THIS RELEASE OF INFORMATION NOT VALID AFTER: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Signed

\_\_\_\_\_  
Inmate/Offender Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Witnessed

\_\_\_\_\_  
Witness Signature  
(Complete all blanks before signing.)

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

cc: Field/Personnel File  
Inmate/Offender/Employee