

This form authorizes the Federal Bureau of Prisons to release information from inmate records. Complete all applicable sections. Unauthorized release of information is prohibited by the Privacy Act of 1974, 5 U.S.C. § 552a.

Section 1 — Inmate Information

Inmate Name (Last, First, Middle):

Register Number:

Date of Birth:

Institution/Facility:

Section 2 — Person or Organization Authorized to Receive Information

Name / Organization:

Address:

City, State, ZIP:

Phone:

Section 3 — Information Authorized for Release

Check all that apply:

Pre-Sentence Investigation Report (PSR)

Medical Records

Mental Health Records

Drug/Alcohol Treatment Records

Education Records

Sentence Computation Data

Financial Records (commissary, trust fund)

Central File Material

Disciplinary Records

Other (specify):

Section 4 — Purpose of Disclosure

Purpose (describe the reason for the release of information):

Section 5 — Duration of Authorization

This authorization is valid for one (1) year from the date of signature, unless a shorter period is specified below, or until revoked in writing by the inmate.

Expires on (if earlier than one year):

Section 6 — Inmate Signature

I voluntarily authorize the release of the information specified above.