Oklahoma Department of Mental Health and Substance Abuse Services
Consent for Release of Confidential Information

Print Full Name (must include middle initial): _____

Last Four SSN: _____ Gender: _____ DOB: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____ County: _____

I am the person whose name is written above and I authorize the Oklahoma Department of Mental Health and Substance Abuse Services to release to the Council on Law Enforcement Education and Training (CLEET) any and all information concerning whether I have ever been involuntarily committed to an Oklahoma State Mental Institution or home. This authorization is given as part of my CLEET application to attend the basic peace officer academy or basic reserve peace officer academy or a refresher or reciprocity peace officer academy or for a private security guard, private investigator, bail enforcer, or other license. This consent shall expire upon notification from CLEET that I (applicant) am approved to attend an appropriate academy or receive a security guard, private investigator, and/or bail enforcer license.

I hereby acknowledge that this consent for the release of information is given freely and voluntarily. I understand that I may revoke the consent in writing at any time unless action has already been taken based upon it, and in any event this consent expires in ninety (90) days from the date this document is received by CLEET or upon conditions described above, unless a longer period has been specified.

THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE DISEASE INCLUDING, BUT NOT LIMITED TO, HEPATITIS, SYPHILIS, GONORRHEA, AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS). 63 OS § 1-1502(b).

Notice to individuals or entities releasing alcohol or drug abuse treatment records:

There shall be a statement in **BOLD** face, stamped upon each page of the information release stating, "**THIS INFORMATION HAS BEEN DISCLOSED FROM RECORDS PROTECTED BY FEDERAL CONFIDENTIALITY RULES (42 CFR Part 2.). The federal rules prohibit you from making any authorization for release of medical or other information NOT sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse patient."**

_____ _____

Signature of CLEET Applicant Date