

## CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

The following information is requested for the purpose of completing an investigation as ordered by the District Court of \_\_\_\_\_ County, Oklahoma.

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

do hereby consent to the disclosure by: To: Oklahoma Department of Corrections

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(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:

\_\_\_\_\_ Education Transcripts \_\_\_\_\_ Employment Records \_\_\_\_\_ Certified Court Documents  
Attended \_\_\_\_\_ (Employers, please complete back of this form)  
\_\_\_\_\_ Marriage License or \_\_\_\_\_ Birth Certificates \_\_\_\_\_ Military Records  
Divorce Documents

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

**ANY INFORMATION RELEASED REGARDING 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 or alcoholism or information which may be considered a communicable or venereal disease which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the human immunodeficiency virus, also know as Acquired Immune Deficiency Syndrome (AIDS).

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

This Consent form is effective until \_\_\_\_\_.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signed Signature of Authorizing Person Witness Signature Date  
Witnessed

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

## Employer Questionnaire

The individual referenced on the front of this form indicates employment by your company in the capacity of \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

Date Employed: \_\_\_\_\_

Date Terminated: \_\_\_\_\_

Means of Transportation: \_\_\_\_\_

Position: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

### Please Rate the Following

Skill	Excellent	Good	Fair	Poor
Performance				
Dependability				
Attitude				

Would you rehire this individual? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments (Additional paper may be used if needed):

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Please complete the following:

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature and Date