



Choctaw Nation of Oklahoma Reintegration Program

[Authorization for Release/Request of Information](#)

Name: _____

DOB: _____

SSN: _____

Address: _____

Phone: _____

Alternative: _____

In connection with the services being provided to me by the Choctaw Nation of Oklahoma Reintegration Program, I authorize the Choctaw Nation of Oklahoma Reintegration Program to release confidential information to agencies or others who have adopted regulations for confidentiality. All information related to my legal, incarceration, medical, psychological, employment background files will be kept confidential and will only be used to devise a Reintegration Service Plan or intervention specifically for my needs. I understand my participation in this program is voluntary and agree to provide this information at my own discretion. I further understand and consent to the Choctaw Nation Reintegration Program obtaining any and all information if I am under any form of community supervision. Failure on my behalf to provide this information may prevent, halt, or slow the Reintegration Program from providing services in a timely manner.

I also give my permission to the Choctaw Nation of Oklahoma Reintegration Program to provide transportation as needed. Furthermore, I do release and forever discharge the Reintegration Program/Choctaw Nation of Oklahoma from any and all claims or causes of action, which may occur because of a motor vehicle accident. I understand and agree my signature on this release discharges any and all liability between me the Program Participant and the Reintegration Program/Choctaw Nation of Oklahoma.

____ Release of Information: _____

____ Request for Information: _____

Participant Signature: _____ Date: _____

Witness Signature: _____ Date: _____