



Authorization for Release of Non-Health Information

Connecticut Department of Correction

CN 4402
REV 6/30/09

Inmate name:

Inmate number:

Date of birth:

I hereby authorize the State of Connecticut, Department of Correction and its staff at the *(list facility)*:

To disclose the following information from my master file:

(initial)

_____ Date(s) of admission/discharge.

(initial)

_____ Other master file information *(specify)*:

(initial)

To disclose the following information *(specify)*:

(initial)

Individual/organization to receive information:

The specific purpose of this request:

I understand that this authorization is voluntary and that I may withdraw my consent at any time prior to the release of the indicated information. My consent, if not withdrawn, will continue throughout my term of supervision by the DOC regardless of my placement and including any time spent on parole or community supervision.

Return to (facility stamp) :

_____ requestor signature

_____ date

_____ witness signature

_____ date

_____ parent/guardian signature
(if requestor is a minor)

_____ date