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REPLY TO: EAGLETON OFFICE

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any U.S. Probation Officer or other authorized representative of the U.S. Probation Office bearing this release, or copy thereof, within sixty days of the date reflected below, to obtain any information in your files pertaining to my employment, medical, psychological, psychiatric, educational, financial, and/or military records including, but not limited to, academic achievement, attendance, athletic, personal history, and disciplinary records; employment records; and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the U.S. Probation Office and no further release to a third party will be made without additional authorization.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, or consumer reporting agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Full Name: _____
Signature

Full Name: _____
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