

**AUTHORIZATION TO RELEASE  
CONFIDENTIAL INFORMATION  
TO U.S. PROBATION & PRETRIAL SERVICES**

Name:	Date of Birth:	Social Security Number:
Other Names Used: None.	Race:	Sex:

I authorize release, written or verbally, to the U.S. Probation/Pretrial Office all confidential records and information pertaining to me as noted below to assist the U.S. District and/or Magistrate Court with supervising and/or sentencing me. In so doing, I waive my rights under the Privacy Act, Title 5 U.S.C. § 552a (Supp. IV. 1974), and I release the custodian of the records requested from any and all liability for damages of any kind because of compliance with this request.

- Arrest, court files, and other records pertaining to any juvenile court proceeding, including but not limited to petitions, orders, medical records, and psychological/psychiatric evaluations. This includes deferred prosecution and any other diversionary disposition information.
- Educational records and information containing permanent school records.
- Medical records, both of a physical nature and of a psychological/psychiatric nature, including records of alcohol, drug, or narcotic treatment, pursuant to 5 U.S.C. § 552a, 422 U.S.C. § 1306, 20 CFR 401, and 42 CFR 2, as specifically stated on the attached Request for Medical History Data form. Authorization may be revoked at any time without liability to the custodian for previously released records. **I understand that the information in my health record may contain information related to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), mental health services, and/or alcohol and drug abuse (CFR 42, Part 2). I understand that information disclosed by this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act Privacy Rule [45 CFR Part 164], and the Privacy Act [5 USC 552a]. I understand that my health care payment for my health care will not be affected if I do not sign this form.**
- Employment records, including but not limited to, dates of employment, salary, compensation, performance evaluations, and reasons for leaving or termination.
- All government (federal, state, and local) information, including but not limited to, military service records, birth records, marriage records, death records, and immigration and naturalization records.
- All employment earnings and income information, as well as benefit/disability information from the Social Security Administration for the Social Security Number(s) stated above.
- Financial records, including but not limited to, credit reports, charge accounts, loans, bank accounts, securities, real estate, life insurance, motor vehicles, lines of credit, trusts, and any other assets or liabilities to which I have partial or whole interest.

I understand that this authorization may be revoked by me in writing at any time before my records are disclosed and that this authorization is valid for one year from the date of my signature. I understand further that my authorization cannot be required as a condition of my doing business with the above-named financial institution. By signature, I have authorized photostatic and tel-faxed copies of this release and signature to be used.

Signature of Person Authorizing Release	Print Name	Date
Witness	Title	Date

## **STATEMENT OF CUSTOMER RIGHTS UNDER THE RIGHT TO FINANCIAL PRIVACY ACT OF 1978**

Federal law protects the privacy of your financial records. Before banks, savings and loan associations, credit unions, credit card issuers or other financial institutions may give financial information about you to a federal agency, certain procedures must be followed.

### **Consent to Financial Records**

You may be asked to consent to make your financial records available to the government. You may withhold your consent, and your consent is not required as a condition of doing business with any financial institution. If you give your consent, it can be revoked in writing at any time before your records are disclosed and, in any event, is effective for one year from the date of my signature. Your financial institution must keep a record of the instances in which it discloses your financial information to the government, and this record will be available to you upon request, unless a court order restricting your right to such record has been obtained by the government.

### **Without Your Consent**

Without your consent, a Federal agency that wants to see your financial records may do so ordinarily only by means of a lawful subpoena, summons, formal written request, or search warrant for that purpose.

Generally, the Federal agency must give you advance notice of its efforts to obtain your records by one of the above means, explaining why the information is being sought and telling you how to object in court to the release of your records.

### **Exceptions**

If the government obtains a search warrant for your records, or if the government convinces the court that there are legitimate reasons to delay giving you notice, the Federal agency will be able to obtain your records without providing you with notice beforehand.

In situations where you do not receive advance notice that the government is seeking your financial records, you will be notified once the reason for the delay of notice no longer exists.

### **Transfer of Information**

Generally, a Federal agency which obtains your financial records is prohibited from transferring them to another Federal agency unless it certifies in writing that the transfer is proper and sends a notice to you that your records have been sent to another agency.

### **Penalties**

If the Federal agency or financial institution violates the Right to Financial Privacy Act, you may sue for damages or to seek compliance with the law. If you win, you may be repaid your attorney's fees and costs.