

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS**

Consent to Disclose Non-Medical, * Non-Educational Records of a
Current or Former DOC Inmate**

This Consent covers any and all records relating to me (Individual) that are created, received and maintained by the D.C. Department of Corrections (DOC).

1. Individual's Information:

Name: _____ DCDC#: _____ DOB: _____

Address: _____

Phone #: _____

2. To whom disclosure is granted:

Name: _____ Phone #: _____

Address: _____

3. Records or Information for which disclosure is granted:

- All records in the Institutional File: _____
- Only the following records or information: _____

I have had full opportunity to read and consider the contents of this Authorization for the disclosure of my information, as described in this form and I consent herein. This form expires in 1 year from the date of this consent unless revoked sooner:

Printed Name of Consenting Individual

Signature Date

If this authorization submitted by a guardian, power of attorney, or personal representative on behalf of the individual, complete the following and provide a copy of your legal authorization and i.d.

Name: _____
Address: _____ Phone: _____

*Note: *For Medical Records use DOC Authorization to Disclose Protected Health Information found at FOIA Policy 1300, Attachment 4.*

***For Educational Records, use the Adult or Juvenile Inmate Authorization for the Release of Education Records Form found at FOIA Policy, 1300, Attachment 5 or 6, respectively.*