

**GEORGIA DEPARTMENT OF CORRECTIONS**  
**Release of Information Form**

\_\_\_\_\_  
Name of Offender

\_\_\_\_\_  
GDC Number

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby request and authorize: \_\_\_\_\_  
(Name of GDC site releasing Information)

\_\_\_\_\_  
(Address)

To release to: \_\_\_\_\_  
(Name of Family or Friend Receiving the Information)

\_\_\_\_\_  
(Address)

The following information from my records:

**ASSESSMENT RESULTS AND CASE PLAN** \_\_\_\_\_

For the purpose of: **ASSISTING IN MY TREATMENT** \_\_\_\_\_

All information I hereby authorize to be released from the GDC will be held strictly confidential and cannot be released by the GDC to any other person without my written consent unless required by state or federal law. I understand that this authorization will remain in effect for the period of my incarceration unless I specify an earlier expiration date here: \_\_\_\_\_.  
(Date)

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time.

\_\_\_\_\_  
(Signature of Offender) (Date)

\_\_\_\_\_  
(Signature of Witness & Title) (Date)

\_\_\_\_\_  
(Signature of Parent or Authorized Representative if under age of consent) (Date)

**USE THIS SPACE ONLY IF OFFENDER WITHDRAWS CONSENT**

(This form applies to offenders incarcerated in all GDC facilities, private prisons, or county correctional facilities.)

Retention Schedule: Upon completion, the original copy with all signatures shall be placed in the offender's (detainee and inmate) institutional case file.