



JOHN W. HICKENLOOPER
MAYOR

CITY AND COUNTY OF DENVER

DEPARTMENT OF SAFETY

DENVER SHERIFF DEPARTMENT
DENVER COUNTY JAIL
P.O. BOX 1108
DENVER, COLORADO 80201

RELEASE OF INFORMATION

Inmate's Name

Date of Birth

I, _____, authorize _____ to obtain information from, and share information with the party below. I give the party below my permission to release all information relevant to my life skills training and case management plan, including information that was not created by them but released to them.

- Community Reentry Project (CRP)
- Other _____
- Other _____

The information exchanged may include:

- Level of Service Inventory (LSI) Assessments
- Life Skills Certificates
- Case Management Plans
- Other _____

The information may be used for:

- Risk and Treatment Assessment
- Continuity of Case Management
- Service Planning
- Other

I understand that I may revoke this authorization to release/request information at any time by giving written notice to the above named case management professional. I understand that my information may be used by the Denver Department of Safety for the purpose of evaluating reentry programming. I release the above named case management professional from all liability from releasing such information. This release expires one year from the date signed, or upon written notice.

Signature of Inmate

Date

Witness Signature

NOTICE TO WHOM THIS INFORMATION IS GIVEN: This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations prohibit you from making further disclosure of this information without the specific written consent of the person whom it pertains.