



*Division of Public Defender Services
State of Connecticut
Parole Revocation Unit
55 West Main Street, Suite 430
Waterbury Ct 06702*

PERMISSION FOR RELEASE OF RECORDS

I, _____, D.O.B: _____
hereby authorize _____ to release all records relating to
me, including all records from any cases pending or disposed, to the representatives of
the **Office of the Public Defender, Parole Revocation Unit** for the purpose of my legal
defense.

Information to be released includes but is not limited to:

- Alcohol/Drug Treatment/History HIV Related Information
 Medical History and Treatment Educational Records
 Psychiatric/Psycho-Social History Legal records, including police
reports and investigation
 Psychiatric/Psychological Evaluation
 Other _____

I understand that the information used and disclosed pursuant to this authorization may
be subject to redisclosure and by the recipient and no longer protected by Title 45CFR
Parts 160 and 164. I may revoke this consent at any time except to the extent that action
has taken in reliance of it. This consent, if not withdrawn, will automatically expire with
the disposition of my criminal case or according to the following specification of date,
event or condition:

SIGNATURE

Date

Note: The confidentiality of psychiatric, drug and/or alcohol abuse and HIV records is required and no
information from these specific records shall be transmitted to anyone else without consent or authorization
as provided under Connecticut General Statutes, Chapters 899c and 368x and Federal Regulation 42 CFR
2. Regulations prohibit any further disclosure without specific written consent of the person to whom it
pertains.