

**AUTHORIZATION TO RELEASE INFORMATION**  
*(PRIVATE PERSON OR ORGANIZATION)*  
**TO PROBATION OFFICER**

**TO WHOM IT MAY CONCERN:**

I, \_\_\_\_\_, the undersigned, hereby authorize the United States Probation Office for the District Of Arizona or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain any information in your files pertaining to my:

- Employment
- Education records (including but not limited to academic achievement, attendance, athletic, personal history, and disciplinary records)
- Medical Records
- Psychological and Psychiatric Records

I hereby direct you to release such information. This release is executed with full knowledge and understanding that the information is for the United States Probation Office's official use.

I hereby release you, as custodian of such records, any school, college, or university, or other educational institution; hospital or other repository of medical records; social service agency; any employer, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request for information or any other attempt to comply with it.

The information hereby obtained by the aforementioned probation office is to be used only for the purpose of presentence investigation and report and, if applicable, for supervision.

<hr/> <i>(Authorizing Signature - Full Name)</i>	<hr/> <i>(Full Name - Printed or Typed)</i>	<hr/> <i>(Date)</i>
<b>WITNESS -</b>	<hr/>	<hr/>
	<i>(U. S. Probation Officer)</i>	<i>(Date)</i>