

STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
RELEASE OF DRUG AND ALCOHOL ABUSE RECORDS
(DEPARTMENT REQUEST)

I, _____, hereby authorize the New York State Department of Corrections and Community Supervision to release all drug and alcohol abuse and treatment records, as defined in 42 U.S.C. 290dd-2 and 42 CFR 2.11 et seq., and information therefrom to:

NAME OF PERSON OR AGENCY

ADDRESS

NAME OF PERSON OR AGENCY	ADDRESS

I further authorize the above person(s) and/or agencies to release all alcohol and drug abuse records as stated above to the New York State Department of Corrections and Community Supervision.

The purpose of the disclosure authorized by this consent is to make information about my (former) alcohol or drug problem available to those agencies and authorized persons responsible for my supervision, rehabilitation and well-being.

I understand that this kind of consent is normally revocable, except in situations where action is taken in reliance on such consent. I further understand that approval of a temporary release program is being made on reliance upon my signing this consent, and that therefore this consent cannot be revoked by me.

This consent will expire automatically upon the termination of my temporary release program or upon my release from confinement.

_____ Signature	_____ Dept I.D. #	_____ Date
_____ Witness	_____ Date	