

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

*RELEASE OF COUNTY PROBATION DEPARTMENT
PRESENTENCE INVESTIGATION*

I, _____, the undersigned, hereby authorize
(name of the client)
_____ County Probation Department to release confidential
information in its records, possession, or knowledge, of whatever nature may now exist or come to exist, on
an unrestricted communications basis to the U.S. Probation and Pretrial Services Office, Western District
of New York

The confidential information to be released will include drug treatment information such as: date of entrance
to program, attendance records, urine testing results, type, frequency and effectiveness of therapy, general
adjustment to program rules, type and dosage of medication, response to treatment, test results
(psychological, vocational, etc.), date of and reason for withdrawal from program and any prognosis
information.

This release form also allows for the release of the Presentence Report completed by the
_____ County Probation Department. The information which
I now authorize for release is to be used in connection with my pretrial or presentence investigation
conducted by the United States Probation & Pretrial Services Office, Western District of New York.

I understand that the United States Probation & Pretrial Services office may use the information hereby
obtained only in connection with its official duties, including total or partial disclosure to the Court.

This consent is valid for sixty days from the date entered below.

Defendant

Date Signed

U.S. Probation Officer

Date Signed