Commission on VASAP

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Probationer:	SSN	
I authorize <u>OLD DOMIN</u> Program making disclosure	ON ASAP to	disclose information to / obtain information from:
	al, state and federa	orney and Defense Attorney of Record/Referral; other law enforcement; VA DMV, Ignition Interlock Programs inmunity Service
() other	closure is to be made	
the following information:	Status and Recomm	mendations
Purpose of the disclosure is	Tracking, Monito	ring and Supervision .
disclosed without my writte revoke this consent at any ti probation, parole, etc.) and the However, a revocation of the	n consent unless parties to the extent to the extent that in any event the consent may be consen	der Federal Confidentiality Regulations and cannot be rovided for in the regulations. I also understand that I may axtent that action has been taken in reliance on it (e.g. his consent expires automatically as described below. deemed a violation of probation by the court.
Date, Event, or Condition up	on which this con	sent will expire:
Upon termina	ation of my ASAP	Probation
Executed thisd	ay of	20
This consent includes inform	nation placed in m	y records after the above date.
A copy of this consent is as	valid as the origina	al.
Date:		
		Participant's Signature
Witness		Parent/Guardian, where required
Date Revoked:		
Participant's Signature:		
Parent/Guardian, where requ	uired:	
Witness:		

PROHIBITION ON RE-DISCLOSURE: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.