♠PROB 11H
(Rev. 5/03)

AUTHORIZATION TO RELEASE GOVERNMENT (STATE OR FEDERAL) INFORMATION TO PROBATION OFFICER

I,	, the ι	undersigned, hereby waive my
rights under the Privacy Act, 5 U.S.C. 55	2a (Supp. IV, 1974), and authorize the d	lisclosure to the United
States Probation Office of the	District of	,
or its authorized representative(s) or employee(s), any and all information pertaining to me, contained in the files or systems of records maintained by any government agency subject to the Privacy Act, which such agency sees fit to convey, either orally or in writing, to the aforementioned Probation Office.		
I hereby waive any rights I may had I may have to an accounting of such disc	we under the Privacy Act to prior notice of losure to the aforementioned Probation (
I understand that this authorization will be used by the aforementioned Probation Office to request disclosure of information pertaining to me from any or all federal or state agencies.		
This information is to be obtained report or for supervision.	d for the purpose of conducting a present	tence investigation and making a
Regarding protected health information, I understand that this authorization is valid until my release from supervision, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.		
Regarding protected health information, I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:		
	(Name and Address of Program)	
Regarding protected health information, I will thereby reunderstand that revoking this authorization information will be reported to the court. considered a violation of a condition of near the court of the court is a condition of the court.	on before I satisfy the condition of my su My revocation of authorization under s	sure of such information. I also apervision that requires this
Authorizing Signature (full name)	Full Name (printed or typed)	Date
-	Parent/Guardian Signature, if Required	
-	Attorney Signature, if Available	
WITNESS —	Probation Officer	Date