



WASHOE COUNTY
 Department of Alternative Sentencing
 1530 E. 6th Street
 Reno, NV 89512
 (775) 785-4112
 (775) 327-8381



AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I, _____(Name of Client), the undersigned, hereby authorize the Department of Alternative Sentencing of Washoe County, Nevada 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 (including but not limited to records related alcohol and/or substance abuse)
- Psychological and Psychiatric Records
- Counseling (including but not limited to those related to alcohol and/or substance abuse)
- Agencies pertaining to child custody, such as social services or child protective services.
- Any other agency that you are required to report to as a condition of your court order.

I hereby direct you to release such information. This release is executed with full knowledge and understanding that the information is the official use of the Department of Alternative Sentencing.

I hereby release you, as custodian of such records, any school, college, or university, or other education institution, hospital or business establishment including its officer, employees, or related personnel both individually and collectively, from any and all liability for damages or 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 office is to be used only for the purpose of a Department of Alternative Sentencing investigation and report and, if applicable, for the supervision by said office. If necessary, such information may be available to the Division of Parole and Probation for the purpose of preparing a pre-sentence report and/or our division for a Status Report and/or Violation Report.

Full Name – Printed	Authorized Signature – Full Name	Date
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Witness:	Department of Alternative Sentencing	Date
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