

**UNITED STATES DISTRICT COURT  
NORTHERN OF CALIFORNIA**

**RECORD RELEASE**

<b>Participant Name</b>	_____
<b>Case Number and Judge</b>	_____

Access to information about you cannot be given to unauthorized third parties without your written consent.

I consent to the release of my United States Probation records (including and not limited to pre-sentence reports, counseling reports, and other treatment reports and results) to the Alternative Court Coordinator and staff for the sole purpose of assisting with my progress in the Reentry Program. I additionally consent to the release of this information to a researcher for evaluation of the program.

I understand that I have the right to deny Alternative Court Coordinator, their staff, or a researcher access to these documents, but after speaking with counsel, I am waiving any rights to confidentiality I may have under state or federal law to the extent of this authorization.

Participant Name (Printed): \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

AFPD Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Magistrate Judge Signature: \_\_\_\_\_

Date: \_\_\_\_\_