



### Consent for Release of Information

I, \_\_\_\_\_, number \_\_\_\_\_ authorize the Virginia

Department of Corrections to release to \_\_\_\_\_

for the purpose of \_\_\_\_\_

the following information (nature and extent of information) \_\_\_\_\_

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Inmate/Probationer/Parolee Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

