

VIRGINIA DEPARTMENT OF CORRECTIONS

Consent for Release of Information

	number	authorize the Virginia
epartment of Correc	tions to release to	
the purpose of		
e following informa	tion (nature and extent of information	
-		
	(D. 1. G)	W. C.
Inmate or Probati	ioner/Parole Signature	Witness Signature
Date		Date