



U.S. Department of Justice
Federal Bureau of Prisons
Federal Correctional Complex

AUTHORITY FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any duly accredited representative of the Federal Bureau of Prisons bearing this release, or a copy thereof, within one year of its date, to obtain any information from my personal history. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Bureau of Prisons and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature (Full Name):

Print (Full Name):

Other Names Used:

Parent or Guardian (if required):

Date:

Current Address:

Telephone Number:

Privacy Act Notice

Authority for Collecting Information. E.O. 10450, 5 USC 1303-1305, 42 USC 2165 and 2455, 22 USC 2585 and 2519, and 5 USC 3301.

Purposes and Uses. Information provided on this form will be furnished to individuals in order to obtain information regarding your activities in connection with the use of drugs to determine fitness for Federal employment in a federal correctional institution. The information obtained may be furnished to third parties as necessary in the fulfillment of official responsibilities.

Effects of Nondisclosures. Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment clearance or access, or in the termination of your employment.