

**AUTHORIZATION TO RELEASE INFORMATION
TO THE UNITED STATES PROBATION OFFICE**
(Government Agencies, Private Person, or Organizations)

TO WHOM IT MAY CONCERN:

I, _____, hereby authorize the U.S. Probation Office for the Eastern District of Virginia, 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 records, educational records, medical records, and psychological and psychiatric records.**

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the U.S. Probation Office's official use.

I hereby release you, as custodian of such records, any school, college, or university, or other educational institution; hospital or other repository of medical records; social service agency; any employer, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from any and all liability for damages of 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.

I also waive my rights under the Privacy Act (5 U.S.C. § 552a), and authorize the disclosure to the U.S. Probation Office for the Eastern District of Virginia, any and all information, maintained by any Federal, State, or local agency. I waive my rights under the Privacy Act, to prior notice of such disclosures or of any rights that I may have to an accounting of such disclosure.

I further authorize the release of information to the U.S. Probation Office for the Eastern District of Virginia the following information maintained by the Social Security Administration (check information requested):

- Social Security Number Detailed Earnings History from _____ To _____
 Identifying Information Monthly Benefit Amount Medical Records

I am the individual to whom the information/record applies. I know that if I make any representation which I know is false, it could result in criminal charges punishable by a fine and/or imprisonment. The information hereby obtained by the aforementioned probation office is to be used only for the purpose of presentence investigation and report and, if applicable, for supervision.

(Authorizing Signature - Full Name)

(Full Name - Printed or Typed)

(Date)

(Date of Birth)

Witness (U.S. Probation Officer)

(Date)

Social Security Number