

MAINE DEPARTMENT OF CORRECTIONS

**AUTHORIZATION FOR THE DISCLOSURE OF INFORMATION FOR THE PURPOSE OF
COMMUNITY REVIEW**

I, _____, hereby authorize the Maine Department of Corrections and its staff and agents to release information limited to the following specific information: my behavior and attitude since my commitment to the Department; my efforts at rehabilitation, including, if applicable, a summary of my progress in substance use disorder treatment; proposed conditions of furlough leave or supervised community confinement, whichever is applicable; other (specify): _____

I permit this confidential information to be released only to the persons, agencies, or organizations from whom information or opinion is being sought during the community review being conducted by the Department of Corrections.

I permit this confidential information to be released only for the purpose of facilitating the community review of me being conducted by the Department of Corrections:

- for furlough leave consideration
- for supervised community confinement consideration

This authorization may be revoked by me in writing at any time, except to the extent that action has already been taken. This authorization shall be effective only long enough to answer the purpose for which it is given, and no further confidential information will be released without the execution of an additional written authorization. This authorization expires automatically upon completion of my participation in the furlough leave program or supervised community confinement program, whichever is applicable.

If applicable, I understand that I have the right to review any materials provided by the Maine Department of Corrections prior to their disclosure.

- I waive my right to review these materials.
- I have reviewed these materials.

I agree to hold the Maine Department of Corrections and its staff and agents blameless for any consequences that may arise from the disclosure of the information described above.

Date

Signature

Date

Signature of guardian (if person signing above is an adult who has a guardian)

Date

Witness