

## RELEASE OF INFORMATION TO ATTORNEY OF RECORD

I hereby authorize the release of all records pertaining to me in the possession of the Whatcom County District Court Probation Office to my attorney of record. This release applies to all records, including but not limited to police records, arrest records, probation records, treatment records, medical records, and evaluation reports.

I understand that some of my records may be protected under Federal and State confidentiality laws (i.e. 42CFR Part 2, 45CFR Parts 160 and 164, RCW 70.02 and 71.05), and cannot be disclosed without my written consent except under limited circumstances. I also understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on it. In any event, this consent expires at the termination of my probation.

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*Print Name*

*Signature*

*DOB*

*Date*

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*Witness Name*

*Signature*

*Date*

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