

Skagit County Sheriff's Office- Corrections Division <u>Authorization for Use and Disclosure of Inmate Records Information</u>

Non Medical Records- RCW 70.48.100

Name:	Date of Birth:	
Address:	Phone:	
E-mail:		
1. My Authorization:		
Skagit County May use or disclose the following inm	ate Jail Records (initial all that appl	ly):
Inmate records as specified: (please use the back of	of this form if additional space is neede	ed):
All records in the Skagit County Jail concerning m	ny incarceration on the following date(
Skagit County may disclose the above records inform	nation to:	
Name (or title) and Organization:		
Address and Phone Number:		
Reason(s) for this authorization: At my request	t Other (Specify)	
when the follow	e date signed on ing event occurs:	
My rights:	o more than 90 days from date signed)
 I may revoke this authorization in writing. A re Skagit County based upon this authorization. I was to obtain insurance. Two ways to revoke t from Skagit County; or (2) write a letter reques I understand that information used or disclosed and no longer protected by federal privacy stan 	may not be able to revoke this author this authorization are: (1) fill out a revocation to Skagit County. I based on this authorization may be su	rization if its purpose ocation form, available
I hereby declare under penalty of perjury of perjury purs the inmate or a representative of the inmate lawfully ent		
Signature or inmate or legally authorized representative	Signed in City, State	Date
Printed name of Signatory	Relationship to inmate	