

**Authorization to Release Information
For Reentry Court Program**

I, _____, the undersigned, hereby authorize the U.S. Probation/Pretrial Services Office for the District of the Virgin Islands, to communicate with, and release confidential information to, representatives of the District of the Virgin Islands, "Reentry Court Team," pertaining to:

- ☐ Employment
- ☐ Education Records
- ☐ Personal History
- ☐ Medical Records
- ☐ Substance Abuse Treatment Records (including urine testing results)
- ☐ Psychological and Psychiatric Records
- ☐ Criminal History Records

I understand the Reentry Court Team is comprised of representatives of the Federal Public Defender's Office, United States Attorney's Office, and _____.

This disclosure is to inform the Court, Reentry Court Team, and other Reentry Court Program participants of my program eligibility, and of my subsequent compliance, progress, and prognosis with the Reentry Court Program's monitoring criteria.

I understand that my authorization to release any of the above-noted information includes the release of such information during District Court of the Virgin Islands, Reentry Court Program proceedings, an open and public Court forum.

I understand that this authorization is valid until my completion of, or discharge from, the Reentry Court Program, at which time this specific authorization expires.

I understand any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties.

I understand I have the right to revoke this authorization, in writing, at any time prior to that specified above. I understand that revocation of this authorization prior to successful completion of the Reentry Court Program, may result in my termination from the Reentry Court Program.

Dated this _____ day of _____, 20____.

Printed Name of Participant

Signature of Participant

Printed Name and Title of Witness

Signature of Witness