Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

RELEASE OF RECORDS, INCLUDING DRUG AND ALCOHOL ABUSE RECORDS

I_____, DIN# _____, hereby authorize the New York State Department of Corrections and Community Supervision to release records and information about me in their possession, including any alcohol and substance abuse treatment records, as defined in 42 U.S.C. 290dd-2 and 42 CFR 2.11 et seq., to:

The Office of the Governor's Counsel
Executive Chamber
State Capitol
Albany, New York

The purpose of the disclosure permitted by this consent is to authorize a review for potential Executive Clemency consideration. I understand that this consent is subject to revocation at any time. I further understand that any records, which are confidential or protected by operation of law, will not be disclosed to any unauthorized persons.

_____ _____ _____

Signature **DIN** **Date**

_____

Witness' Signature

Form #6901C
Photocopy Locally As Needed