

# CONSENT FOR RELEASE OF INFORMATION

Please return to: NCIP, 500 El Camino Real, Santa Clara, CA 95053-0422

I, \_\_\_\_\_, hereby authorize any and all entities and persons, including my former attorney(s), investigators and appellate programs who worked on my case, to release to The Northern California Innocence Project, or to its staff or student representatives, any and all records, files, reports, and information of any kind related to me or to any criminal case involving me, including legal papers, court documents, medical records, laboratory analyses, probation reports, attorney files and records, and any other information necessary to the Project's work on my behalf. I fully understand that there may be statutes, rules, and regulations that protect the confidentiality of some of the records, files, reports, and information covered by this release; it is my specific intent to waive the protection of all such statutes, rules, and regulations so that confidential information can be shared with the Northern California Innocence Project. By my signature below, I represent that this waiver is voluntary and given without any reservation.

Dated \_\_\_\_\_

Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_

Prison Inmate Number \_\_\_\_\_