

## Authorization to Release Information

Name \_\_\_\_\_ Identification # \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

I, or my authorized representative, request that information regarding my academic, medical, and personal background included in the Texas Southmost College Criminal Justice Institute (TSCCJI) files be released as set forth on this form: In accordance with Texas State Law, open records provisions, and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand this information will include all files, including protected health information.

I authorize release of this information to agencies and organizations to which I have applied or will apply for employment. I will ensure that the Texas Southmost College Criminal Justice Institute receives confirmation that I have applied for employment and given those agencies permission to receive all maintained document files. I am aware of the **Possibility of Re-disclosure** by the person or organization I have authorized to receive this information, and that the information may no longer be protected by the federal privacy rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that the information includes, but is not limited to:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Medical Records   | <input type="checkbox"/> Academics       | <input type="checkbox"/> State Agency Records |
| <input type="checkbox"/> Treatment Records   | <input type="checkbox"/> Fitness Records | <input type="checkbox"/> City Agency Records  |
| <input type="checkbox"/> Diagnostic & Eligibility Records  |  |   |
| <input type="checkbox"/> Disciplinary Records and other documents created during attendance at TSCCJI. |  |   |

I understand this information will be used or disclosed to determine my eligibility for employment. I also understand my authorization will remain in effect from the date of my signature until the Texas Southmost College Criminal Justice Institute is no longer required to maintain the files or documents, and that information will be handled confidentially in compliance with all applicable federal, state and city laws.

### Terms for Termination/Revocation:

I understand I have the right to revoke the authorization, in writing, at any time. Written revocation will neither impact nor affect any use or disclosure made in reliance upon my initial authorization, before written revocation was received.

**Written revocation requests must be notarized and sent to Texas Southmost College Criminal Justice Institute- 301 Mexico Boulevard – Brownsville, Texas 78520. (Phone calls and emails will not be accepted for this purpose)**

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of this form which permits release of my personal documents.

\_\_\_\_\_  
Printed Name of Participant or Personal Representative

\_\_\_\_\_  
Signature of Participant or Personal Representative

\_\_\_\_\_  
Date

*If the person signing the form is not the individual whose information is being disclosed, please indicate the relationship to that person. Personal Representative and present Power of Attorney, Court Order, Health Care Proxy, etc. Relationship: \_\_\_\_\_.*

**This form must be notarized:**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

**Subscribed and Sworn to before me:**

This \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public