

**Release of Information to the Department of Parole and Probation**

Please indicate your agreement to release your information to Department of Parole and Probation and/or your agreement to participate in the Community Mediation Maryland Re-Entry Program Evaluation by checking the boxes and signing below.

**\*\*Release of Information**

*This form is to be used by an individual interested in Re-entry Mediation when it is determined that releasing information about their participation in mediation may be helpful to ensure that they will be able to use follow up mediation services or in any other way.*

I, \_\_\_\_\_, give permission to the *Community Mediation Center*:

To release the following information to the Department of Parole and Probation:

- 1) That I have requested and/or begun using the mediation process.
- 2) That I hope to continue to use the mediation process.

This information is only to be given so that the Department of Parole and Probation can assist me to access the services further.

I understand that no other information regarding me or my case will be shared with the Department of Parole and Probation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_