



State of North Carolina
General Court of Justice
Defender District 26

Kevin P. Tully
Public Defender

KEVIN P. TULLY
PUBLIC DEFENDER

TEL: 704-686-0900
FAX: 704-686-0901

Re: Consent to Release Information

I, the undersigned, do hereby authorize the Public Defender's Office to request, release, and secure such information and to have ongoing communication as they deem necessary from _____

_____ for the purpose of defending me against criminal charges and assisting with community treatment/placement as necessary.

I further authorize the above agency or party to release any and all information in their possession to the Public Defender's Office, including information relating to any Medical Conditions, Medications, Assessments, Diagnosis, Psychosocial Evaluations, Psychological Evaluations, Treatment Plan/Summaries, Testing Information, Presence/Participation in Treatment Information, Physician notes, Progress Notes, Substance Use Assessments/Treatment information, Psychiatric Records, Case Notes, any and all Educational Records, IEP's or testing, any information regarding IQ level or any Intellectual and/or Developmental Disability Information, etc.

I understand that this information is confidential and is to be used in my best interest. I further understand that I may revoke this authorization in writing at any time prior to the issuance of the requested records or information. This authorization shall be good for one year from the date signed, unless otherwise revoked by me.

This the _____ day of _____, 20_____.

x _____
Name: _____
DOB: _____
Soc. Sec. # _____