

**WAIVER AND CONSENT FOR RELEASE OF RECORDS AND INFORMATION**

NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

By signing below, I authorize the Rocky Mountain Innocence Center (“RMIC”) to assign one or more law students, working under the direct and immediate supervision of an attorney, and/or a cooperating attorney, working in conjunction with RMIC, to investigate my case. This includes, but is not limited to, authorizing correspondence and/or telephone calls to prior counsel, prosecutors, or witnesses. I authorize any and all entities and persons, including my former attorney(s), investigator(s), and appellate programs who worked on my case, to release to RMIC or to its staff, student representatives or cooperating attorneys, any and all records, files, reports, and information of any kind related to me or to any criminal case involving me, including police reports, witness statements, post-conviction pleadings, and correctional records, pre-sentencing reports and other documents in prison social services and legal files, legal papers, court documents, medical records, laboratory analyses, probation reports, attorneys files and records, and any other information necessary to the Center’s work on my behalf. I understand 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 RMIC. This authorization shall remain effective unless and until any such revocation signed by me is received and acknowledged by the RMIC.

I understand that by conducting an initial investigation, the Rocky Mountain Innocence Center (“RMIC”) is only agreeing to represent me in the investigation of my case and not to represent me in court. I further understand that at any point the RMIC, at its sole discretion, may determine that further investigation is not warranted, and is under no obligation to continue to investigate my case.

By my signature below, I represent that this waiver is voluntary and given without any reservation. This authorization is effective until revoked by the undersigned in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE Of \_\_\_\_\_ COUNTY Of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me, and is either personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed on the foregoing Authorization For Release, and acknowledged to me that he / she has read and understands the contents thereof and that he / she signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Residing at: \_\_\_\_\_