



New Beginnings Transition Program

PO Box 27274, Knoxville, TN 37927 • 888-814-FOCUS (3628)

Authorization for Release of Information

_____ Last Name _____ First Name _____ Middle Initial _____ Correctional Facility I.D. # _____ Social Security #

I, _____ authorize the release of information from Tennessee Department of Corrections and TN Board of Probation and Parole to the staff of FOCUS Ministries New Beginnings Transition Program for the purpose of helping me in my medical and health plan upon my release. I understand the release of information agreement expires one year from the date I arrive at the New Beginnings Transition Program. I authorize the release of the following records:

- medical records that also includes any infectious diseases
- psychiatric records
- substance abuse treatment records
- institutional records

_____ Print Name _____ Signature _____ Date

Do not write below line. FOCUS Ministries only.

_____ FOCUS Ministries New Beginnings Staff _____ Date of Student's Arrival