



Authorization to Release Records

I, _____ give the person(s) listed below permission to contact the Oregon Public Defense Commission (OPDC) on my behalf. I grant permission to OPDC to disclose my personal records to the individual(s) listed below. I understand that these records are normally held in confidence and not released to anyone other than the person of record.

Name Relationship

Name Relationship

I understand that this form is for use only by the Oregon Public Defense Commission. This release is effective for one (1) year from the date it is signed. I authorize release of the following information:

For the date range of: _____ to _____

Client's Signature Date

Representative's Signature Date