



Snohomish County Sheriff's Office – Corrections Bureau

Authorization for Use and Disclosure of Inmate Records Information

Non-Medical Records – RCW 70.48.100

Name: _____ Date of birth: _____

Address: _____

Phone: _____ Email: _____

1. My Authorization:

Snohomish County may use or disclose the following Inmate Jail Records *(initial all that apply):*

_____ Inmate records as specified: *(please use the back of this form if additional space is needed)*

_____ All records in the Snohomish County Jail concerning my incarceration on the following date(s):

Snohomish County may disclose the above records information to:

Name (or title) and organization: _____

Address: _____

Reason(s) for this authorization: _____ At my request.
(initial all that apply) _____ Other *(specify):* _____

This authorization ends: _____ 90 days from the date signed

_____ on _____ *(insert date)*

_____ when the following event occurs: _____
(no more than 90 days from date signed)

2. My Rights:

- I may revoke this authorization in writing. A revocation would not affect any actions already taken by Snohomish County based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. Two ways to revoke this authorization are: (1) fill out a revocation form, available from Snohomish County; or (2) write a letter requesting revocation to Snohomish County.
- I understand that information used or disclosed based on this authorization may be subject to re-disclosure and no longer protected by federal privacy standards.

I hereby declare under the penalty of perjury pursuant to the laws of the State of Washington that I am either the inmate or a representative of the inmate lawfully entitled to obtain records on the inmate's behalf.

Signature of inmate or legally authorized representative Signed in City, State Date

Printed name of signatory Relationship to inmate