

New England Innocence Project

CONSENT FOR RELEASE OF INFORMATION

I, _____, hereby authorize any attorney, law student, or staff member working with the New England Innocence Project (NEIP) to communicate with my former attorneys, the Department of Corrections, probation and parole officers, and all other persons or governmental agencies having information he or she deems necessary in evaluating my case, and to examine and photocopy all documents pertaining to me in the possession of such persons or agencies.

This document authorizes and directs my former attorneys, the Department of Corrections, probation and parole officers, and all other persons or governmental agencies to discuss my privileged communications and release any and all records, files, scientific reports, biological test results, interview summaries, investigative reports, and other relevant information of any kind, related to me or to any criminal case involving me to the NEIP. I fully understand that there may be statutes, rules, and regulations that protect the confidentiality of the information covered by this release; it is my specific intent to waive the protection of all such statutes, rules, and regulations. By my signature below, I represent that this waiver is voluntary and given without any reservation.

The NEIP's attorneys, law students and staff members will keep all privileged files and communications confidential.

Signed this ____ day of _____, 200 ____.

Signature