



UNITED STATES  
OFFICE OF PERSONNEL MANAGEMENT  
OFFICE OF FEDERAL INVESTIGATIONS



**SPECIFIC RELEASE**

I, \_\_\_\_\_, hereby authorize any Federal Investigator, Special Agent or duly accredited representative of the U.S. Office of Personnel Management (OPM), or other Federal investigative agency bearing this release, or a copy thereof, to obtain the information identified below pertaining to me which is maintained by the person or organization specified below:

PERSON OR ORGANIZATION: \_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

The information to be released is as follows:

MEDICAL (May include, but not limited to: dates of confinement; participation or treatment; diagnosis; doctors' orders; medication sheets; urine result reports; attendance sheets; prognosis and medical opinions regarding my health, recovery and/or rehabilitation; as well as any other information indicated below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am aware that the information released by the above named person or organization may, but not necessarily, contain data pertaining to my use and/or abuse of alcohol and/or drugs, and my participation in a rehabilitation program with the above named organization.

OTHER (*Specify*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The execution of this release is voluntary on my part, and is made without duress or promise on the part of OPM or other Federal investigative agency. I am aware that this release is valid only when presented to the addressee within 3 months from the date of its execution by me to obtain financial records (as defined by the Right to Financial Privacy Act) and has no expiration date for other purposes.

I have read and fully understand the Privacy Statement on the back of this form. I understand the purpose for which the information to be released is required as described in the Privacy Statement. I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. I consent to the release of any and all financial information obtained with this release to any Federal agency that requests it, consistent with the conditions of its collection under the Right to Financial Privacy Act, for employment suitability or security clearance purposes.

Signature ( <i>Full Name</i> )	Social Security Number	Area Code and Telephone Number	Date ( <i>Month, Day, Year</i> )
Current Address ( <i>Street, City, State, Zip</i> )		Signature of Parent/Guardian ( <i>As Required</i> )	