

**HOWARD COUNTY COMMUNITY CORRECTIONS
HOME DETENTION DIVISION**

120 East Mulberry Street Suite 108
Kokomo, Indiana 46901
Phone: (765) 454-5495

INFORMATION RELEASE FORM

I, _____, do authorize the release of my

Employment records, Medical records (including urine screens, substance abuse and mental health records), School records, Pension Income Information, W-2 Earnings, and/or Phone company records to **Howard County Community Corrections**.

This information may be given in person to a Field Officer, faxed to (765) 452-2128, or e-mailed to howardcoihd@co.howard.in.us. Any information obtained will be used for verification purposes and therefore kept in strict confidentiality.

Home Detention Participant _____
date

Home Detention Staff _____
date

STATE OF INDIANA
COUNTY OF HOWARD
Sworn to before me, a Notary Public, in and for said County
This _____ day of _____, 20

Signature _____
Printed or typed name of Notary Public

My commission expires: _____