

AUTHORIZATION

I, **[Prisoner Name & Number]** authorize **[Family or Friends Name]**, of **[Family or Friends address]** to communicate with the Michigan Department of Corrections, probation and parole officers, governmental agencies, and all other persons having information s/he deems necessary in evaluating my case, and to examine and photocopy all communications, correspondence, investigation reports, probation and presentence investigation reports, custodial files, medical evaluations, and other documents pertaining to me in the possession of such persons or agencies.

Further, I authorize and direct the Michigan Department of Corrections, probation and parole officers, and all other persons and governmental agencies to release to **[Family or Friends Name]**, for examination and photocopying, all such communications, correspondence, court documents, investigation reports, probation and presentence investigation reports, custodial files, medical evaluations, employment records, and other documents pertaining to me, and any case involving me, in their possession.

Dated: _____

[Prisoner's Name & Number]