

**Criminal Justice Training Council**  
**Vermont Police Academy**  
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Pittsford, VT 05763  
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*Office of the Executive Director*

**AUTHORIZATION TO RELEASE MEDICAL RECORDS**  
**Re: Vermont Criminal Justice Council Rule 19 Waiver Request**

I, \_\_\_\_\_, (D.O.B.) \_\_\_\_\_ hereby request and authorize the following physician or advanced practice registered nurse: \_\_\_\_\_ (“Medical Provider”) to disclose any and all information related to my medical care and/or condition known to Medical Provider, as well as any and all medical records generated and/or maintained by Medical Provider, to the Vermont Criminal Justice Training Council, its employees, officers and agents for purposes of the Council’s consideration of my waiver request under Council Rule 19.

I hereby waive any confidentiality and/or privilege that I may have pursuant to any applicable federal and/or state statute or regulation, including but not limited to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and its accompanying regulations, regarding these records, which may be conferred and used for all purposes as described above.

This authorization is subject to revocation at any time, except to the extent that the Medical Provider and/or the Council have already taken action in reliance on it. Revocation of this consent shall be made via written correspondence to the Medical Provider and the Council. In any event, this authorization shall expire when the Council has finally acted on my waiver request under Council Rule 19.

DATED at \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
(Town) (State) (Month)

\_\_\_\_\_  
(Signature)

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public  
My Commission expires \_\_\_\_\_

