

## No Struggle No Success (NSNS) Youth and Adult Reentry Program

### Authorization to Release Information

I hereby grant No Struggle No Success, Inc. permission to request on my behalf to obtain and review all judicial, educational, criminal, medical, community reports, digital media, and web-based publications and documentation.

I understand and agree that all records, video recording, laboratory results, photography, video graphics, text messages, phone logs and emails will be used for screening/assessment of eligibility, designed reentry home plan, assigned services, intervention planning and submission of progress reports in post release status for community supervisor requirement. I hereby irrevocably authorize No Struggle No Success, Inc to copy, exhibit, publish, or distribute these records for any lawful purpose. In addition, I understand and agree that my records will be used to collaborate with your referring agency, legal counsel, linked direct community partner(s), and judiciary commitments under community supervision and court mandates to share otherwise privileged or confidential records upon written request.

Name: \_\_\_\_\_  
First Middle Initial Last

Date of Birth: (Month/Date/Year) \_\_\_\_\_

Social Security: (xxx-xx-xxxx) \_\_\_\_\_

#### General Requested Records:

- Home Visits, Photographs, Prison ID
- Court/Assessments Transcripts (3rd party evaluators)
- Disciplinary/Infraction History / Transfer History
- Direct Community Partners laboratory test results, diagnoses, and history & current medications
- Educational, Employment and Apprenticeship Records
- Judiciary/Court Documents (Zoom details for scheduled hearings)
- Hospital/ Medical records/Office of Health Visits within Department of Corrections
- Medical Insurance Billings (Medicare/ Medicaid, Veteran/Tricare, or Commercial Insurance)
- Psychiatric and Mental/Behavioral Health Records within 1 year of referral date
- Birth Certificates, Identification Card, Social Security Card (for self and/or authorized guardianship of minors) This includes, Divorce, Child Custody and Visitation Records

Start Date: \_\_\_\_\_ (at the time of referral submitted or launch of orientation)

End Date: \_\_\_\_\_ (1 year from discharge date)

If you have any questions or concerns regarding this form, please call 443-869-6997. If you wish to discontinue this authorization, you must provide written notification to  
Mail: 3000 Homewood Avenue Suite 7136, Baltimore, MD 21218,  
Email: [info@nostrugglenosuccess.org](mailto:info@nostrugglenosuccess.org)