



**No Struggle No Success (NSNS)
Youth and Adult Reentry Program Authorization to Release
Information**

Release Authorization Form

Any questions or concerns, regarding this form please call 443-869-6997. If you wish to discontinue this representation, you must provide written notification to 2025 Maryland Ave, Baltimore, MD 21218, or email: info@nostrugglenosuccess.org

By signing this authorization release form, you are hereby authorizing a release of the following named records to the NSNS leadership, deem appropriate to develop a sound personalized reentry home plan and assigned program services and resources. All information or documents it believes would be accurate representation of you, including, but not limited to:

- Home Visits, Photographs
- Court/Assessments Transcripts (3rd party evaluators)
- Disciplinary/Infraction History
- Community Partner (release from prison court orders)
- Department of Corrections Transfer History
- Educational, Employment and Apprenticeship Records
- Judiciary/Court Documents (Zoom details for scheduled hearings)
- Electronic files/Administrative Documents from authorized point of contact
- 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)

I _____(first and last name) further authorize **No Struggle No Success, Inc and its affiliates,** (including, but not limited to, any current or prior legal counsel or their agents) who have received information about my case for the purpose of evaluating it and possibly collaborate with your legal representation/ case management or referring agency to share otherwise privileged or confidential information about myself or about home plan/case with the NSNS, its attorney, administrators, law students, staff, and direct community partners if the NSNS so requests.

Full Date of Birth: _____

Social Security#: _____

Signature: _____

