

BOARD INSIGHT CONSULTING, LLC

20555 Devonshire St. PMB 192, Chatsworth, CA 91311

www.boardinsightconsulting.com

Authorization to Release Confidential Document

I, _____, authorize my attorney/family member,
Print Full Name *CDCR #*
_____ to send my recent (that which will be used at my
Print Full Name

next hearing) Comprehensive Risk Assessment Report, conducted by the Forensic Assessment Division, to the Board Insight Consulting, LLC. I realize that this is considered a confidential document and by signing below, allows access of this document to the Board Insight Consulting, LLC. The purpose of this submission is to enable the Board Insight Consulting, LLC to create a report consisting of a series of questions, statements, and suggestions. This report is designed to assist me in the development of insight in preparation of my upcoming suitability hearing before the Board of Parole Hearings. I understand that the Board Insight Consulting, LLC assumes that total confidentiality will be applied to my document.

Please initial the following in the appropriate spaces and sign your full name at the bottom.

_____ I understand that being able to answer the questions posed in the report
Initial does not guarantee I will be found suitable for parole.

_____ I understand that if I have any questions regarding any content of the
Initial report, I will not contact the Board Insight Consulting, LLC directly.

_____ I understand the Board Insight Consulting, LLC. does not accept collect calls.
Initial

_____ I understand any correspondence sent to the Board Insight Consulting, LLC from
Initial myself, will be disregarded and not returned.

_____ I understand the statements, suggestions, and questions in the report are not
Initial legal advice and are the sole opinion of the consultants from the Board of Insight Consulting, LLC, based on experience and research of Board preparation.

_____ I understand that this authorization is limited to the FAD Report that will be
Initial used at my next hearing from the date I sign below.

Inmate Signature

Date

Note: This valid authorization form is in accordance with Title 15 §3370(b).