

FORM #2

REQUEST FOR INMATES CONSENT TO DISCLOSE RECORDS

REQUEST OF: Aurora Novo-Sampal  
Mother

THE ABOVE-NAMED REQUESTER HAS ASKED THAT WE DISCLOSE  
INFORMATION CONCERNING YOU FROM YOUR RECORDS.

THE " PRIVACY ACT OF 1974 " (5 USC 552A) REQUIRES THAT  
WE OBTAIN WRITTEN CONSENT PRIOR TO DISCLOSING THE  
REQUESTED INFORMATION. PLEASE INDICATE BELOW IF YOU  
CONSENT TO THE REQUESTED DISCLOSURE. SIGN, AND DATE  
THIS FORM AND RETURN IT TO US.

THANK YOU.

(Signature)

I CONSENT TO THE REQUESTED DISCLOSURE.

( )

I DO NOT CONSENT TO THE REQUESTED DISCLOSURE.

(Signature)  
( INMATE SIGNATURE )

6-18-79  
( DATE )

(Signature)  
( STAFF WITNESS )

6-18-79  
( DATE )