



STATE OF WASHINGTON

OFFICE OF THE CORRECTIONS OMBUDS

2700 Evergreen Parkway NW • Olympia, Washington 98505 • (360) 664-4749

Authorization for OCO to Release Confidential Communications

I, the undersigned, understand that I am waiving the responsibility of OCO to protect my correspondence and communication in the same manner as legal correspondence as provided in RCW 43.06C.060(1). I understand I may revoke this waiver in writing at any time, except to the extent that OCO has already released records in reliance on this waiver.

Please select and fill in ONE of the following boxes, as applicable:

Release by Incarcerated Individual to External Person

I, _____, DOC # _____ authorize the Office of the Corrections Ombuds (OCO) to communicate with and provide any information about me that they have, including the release of all my correspondence and communication with OCO or any other information not protected under separate confidentiality protections, to _____.

I have established the following 4-digit personal identification number* that must be used by the non-incarcerated person to verify their identity when calling in: _____

*Please communicate the 4-digit number to the external person.

Signature: _____

Date: _____

Release by External Person to Incarcerated Individual

I, _____, authorize the Office of the Corrections Ombuds (OCO) to communicate with and provide any information about me that they have, including the release of all my correspondence and communication with OCO or any other information not protected under separate

confidentiality protections, to _____, DOC # _____.

Signature: _____

Date: _____

Please note that all records exchanged and communications between OCO and DOC to include the investigative record are separately confidential and exempt from public disclosure per RCW 43.06C.060. This waiver does not constitute waiver of DOC's confidentiality with OCO.