

## South Dakota Department of Corrections

### Parole Division

State of South Dakota	)	24/7 Sobriety Program
	)	Waiver, Consent, and Release
County of: _____	)	of Information Form
	)	
In the Matter of:	)	DOC ID#: _____
	)	
_____ Parolee	)	D.O.B: _____

I, \_\_\_\_\_, have agreed to my placement in the 24/7 Sobriety Program. I understand that the execution of this Waiver, Consent and Release Form is a condition of my participation in the 24/7 Sobriety Program.

I hereby authorize the disclosure and exchange of the information described below that is maintained by the Office of Attorney General, Unified Judicial System, Department of Public Safety, Department of Social Services, Department of Corrections, Department of Human Services, and County Sheriff's Offices to one or more of these governmental and law enforcement agencies to be used for authorized governmental and law enforcement purposes.

In signing this Waiver, Consent and Release of Information Form, I am granting permission for the release, disclosure and exchange of enrollment, reporting, infraction, violation, status and other information that will be collected during the course of my participation in the 24/7 Sobriety Program; information included in my Unified Judicial System criminal court records; information included in treatment program records reported to the SD Division of Alcohol and Drug Abuse and SD Division of Mental Health via the State Treatment Activity Reporting System(STARS); work permit and driving information maintained by the Department of Public Safety; parole information maintained by the Department of Corrections; child placement information under SDCL 26-8A-22 and 26-8A-26 maintained by the Department of Social Services; and booking information maintained by county sheriff's offices.

I understand the information that may be disclosed or exchanged may be used by the above-listed state and county entities for authorized government and law enforcement activities associated with my participation in the 24/7 Sobriety Program. These activities include: determining whether I used any alcohol, marijuana or controlled drug or substances while in the 24/7 Sobriety Program; monitoring my compliance with the order or directive that placed me in the 24/7 Sobriety Program; investigating infractions and violations of the terms and conditions of my participation in the 24/7 Sobriety Program and taking enforcement actions authorized under the placement order or directive and state law; and for use in my evaluation, participation and treatment in an alcohol and/or drug abuse program and follow-up activities. This information may also be used by the South Dakota Attorney General's Office, Department of Public Safety, Office of Highway

