



**ILLINOIS
CRIMINAL JUSTICE
INFORMATION AUTHORITY**

300 W. Adams Street • Suite 200 • Chicago, Illinois 60606 • (312) 793-8550

LIMITED RELEASE OF INFORMATION FORM

This form can be submitted via mail or e-mail. Forms submitted via mail can be sent to: Illinois Criminal Justice Information Authority, Attn: Civil Rights Officer, 300 West Adams, Suite 200; Chicago, IL 60606. Complaints submitted via email can be sent to CJA.CivilRightsOfficer@illinois.gov.

LIMITED RELEASE OF INFORMATION FORM

Name: _____

Address: _____

State: _____ Zip: _____ Phone: _____

Consent / Release

- CONSENT** - As a complainant, I understand that in the course of an investigation, it may become necessary for ICJIA to reveal my identity to persons at the organization under investigation, or to refer my complaint to outside investigative or enforcement agencies. I understand that releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from a certain organization. I understand that ICJIA may not be able to control what happens to my information once it has been released, and that the agency or person getting my information may be required by law to share it with others. I understand that signing a release form is completely voluntary and that I do not have to allow ICJIA to share my information.

- CONSENT DENIED** – I do not want ICJIA to reveal my identity to the organization under investigation or in a referral to an investigative agency. I do not want ICJIA to review, receive copies of, or discuss material and information about me, pertinent to the investigation of my complaint. I understand this is likely to impede any investigation of my complaint and may prevent ICJIA from referring my complaint to an outside agency.

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing. Unless withdrawn, a consent to release will expire in sixty (60) days.

Signed: _____

Date: _____

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)		
I confirm that this release is still valid, and I would like to extend the release until _____		
		_____ New Date
		_____ New Time
Signed: _____	Date: _____	