



**Freed From Within, Inc.**  
**P.O. Box 851**  
**Corydon, IN 47112**  
**(812) 738-7779 (812) 620-3987**

Release of Information

I, \_\_\_\_\_, authorize Freed from Within, Inc. and it's staff or authorized representative to contact any agencies, criminal justice departments, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete the application and status process ministered by Freed from Within, Inc. This would include, but is not limited to, criminal background checks, court/and or probation status, and mental health evaluations. This information will only be used for the application process and for the duration of my involvement with Freed from Within, Inc.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
FFW, Inc. Representative

\_\_\_\_\_  
Date