

IDAHO DEPARTMENT OF CORRECTION
Application for Marriage - Waiver of Confidentiality

Please read carefully, and initial all of the numbered statements to indicate acceptance of the terms of this waiver.

I, _____, date of birth _____, social security # _____
am incarcerated in an Idaho Department of Correction prison or community reentry center (CRC), and I hereby announce, express, agree to, authorize, acknowledge, and execute (as applicable) the following statements:

1. ___ I am in the application process to marry _____, and the Idaho Department of Correction requires that my proposed spouse be informed of my arrest and criminal history before I may be allowed to marry.
2. ___ I give the Idaho Department of Correction my expressed written permission and authority to discuss my situation and case file with my proposed spouse as named in statement #1.
3. ___ I agree to waive my right to confidentiality regarding medical, programming, substance abuse, administrative and disciplinary information, and hereby agree to indemnify and hold harmless those parties who disclose such information about me pursuant to this waiver.
4. ___ I authorize the Idaho State Police, Division of Criminal Identification, to release my arrest and criminal history to my proposed spouse (as named in statement #1) and Idaho Department of Correction.
5. ___ I acknowledge that a photocopied, faxed, scanned, or e-mailed copy of this waiver carries the full force and authority of the original.
6. ___ I acknowledge and understand that **this waiver will expire 90 days from the date I affix my signature to it.**

I acknowledge that I personally initialed all of the numbered statements above, I fully agree to all of the statements above (both unnumbered and numbered), and I enter into this waiver freely and voluntarily.

Dated this _____ day of _____, _____.

Inmate's Printed Name

Witness's Printed Name

Inmate's Signature

Witness's Signature