O·A·R
Established 1971

Consent to Release Information for Research

Summary: If you sign this form, you are agreeing to let OAR share your personal information with the Research Center at the Virginia Department of Criminal Justice Services. Your information will only be used for research. Your privacy will be protected. This information will not be used in any way that could harm you. You do not have to sign this form in order to receive services, but signing this form could help the program to provide better services in the future. If you choose to sign this form now, you still have the right to change your mind later.

Details: I, _____, give permission for OAR to share my program participation and personal identifying information (name, date of birth, social security number, etc.) with the Research Center at the Virginia Department of Criminal Justice Services ("Research Center"), under the following conditions:

- The information shared with the Research Center will be used only for research purposes, including recidivism analysis.

- The Research Center will take all necessary and proper precautions to maintain the security of the identifying information provided

- No information collected and shared with the Research Center will be used in a way that could result in my personal identifying information being published. The Research Center may produce reports summarizing their findings, but these reports will not include my personal identifying information.

- Any personal identifying information provided to the Research Center will be stored in encrypted electronic files; no hard copies will be created or stored.

- The Research Center will destroy any files containing personal identifying information after five years.

- Only authorized personnel will have access to these files, and they will only be used for purposes of conducting research, including recidivism analysis, with the goal of improving this and similar programs.

- I retain the right to withdraw my consent at anytime by notifying OAR in writing.

I understand that my consent is voluntary. I may continue as a client of OAR regardless of whether I sign this release.

_____   _____
Client Signature   Witness

_____   _____
Date   Date