

## JR Marriage Approval for Release of Information

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\_\_\_\_\_  
Name of Intended Spouse (*First and Last*)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State Zip Code

RE: \_\_\_\_\_  
Name of JR Young Adult

JR Number: \_\_\_\_\_

Dear \_\_\_\_\_,

According to [JR Policy 6.70 Marriage in JR Facilities](#), all individuals wishing to marry must release their full criminal history information to their intended spouse.

Please read the following information carefully. If you wish to continue with the marriage plans after reading the attached information and discussing with the officiating clergy or certified professional counselor, please sign in the appropriate space and return the original to me. You may keep a copy for your own records. Be advised that the JR Young Adult has not signed a release for any medical or health information.

The JR young adult named above is currently at

Time structure is as follows:

Sentence:

Minimum Release Date:

Maximum Release Date:

Current Scheduled Release Date:

Sincerely,

\_\_\_\_\_  
Case Manager Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AUTHORIZATION**

I hereby authorize the above Case Manager to release the information enclosed regarding my crime and above listed information to my intended spouse and the officiating clergy or certified professional counselor before our marriage.

I also hereby release the authorized party from all legal responsibilities and/or liability that may arise from the release of information requested. I can withdraw and cancel this consent (revoke) at any time, except to the extent that action was already taken. Unless I cancel (revoke) this earlier, this consent expires in 60 days from the date signed.

\_\_\_\_\_  
JR Young Adult Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I read and understand the information given to me. I wish to continue with the marriage plans and understand that as a part of the process, my detailed criminal history and other items will be discussed with the Counselor.

I read and understand the information given to me. I do not wish to continue with the marriage plans.

\_\_\_\_\_  
Intended Spouse Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by [Executive Order 16-01](#), [RCW 42.56](#), and [RCW 40.14](#).**