**TREATMENT AND/OR ASSESSMENT RELEASE LETTER FOR SEX OFFENDERS**

Date:

To the Honorable (**insert name**), of (**insert name**) District Court;

We request permission to release the pre-sentence investigation report concerning (**insert defendant’s name and date of birth**) for purposes of treatment and/or assessment to a DOC-approved sex offender therapist and for use by the Sex Offender Review Committee.

Please indicate your approval by signing below and return to the above address. Thank you.

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(Signature) (Date)

Sincerely,

(**Type your name and title and sign**)

Vermont Department of Corrections