



Lawyer in the School Program

Referral Permission Form

Client Name: _____				
	First	Middle	Last	
Address: _____				
Street/P.O. Box/RR				

City	State	Zip Code	Y	N
Telephone Number(s): _____			Text Message OK?	
Student(s) Name (if applicable): _____				

I grant **LEGAL AID OF WEST VIRGINIA (LAWV)** permission to refer myself or a student in my care to services offered by a school or community provider. I understand and agree to the following:

Purpose of Referral: The purpose of this referral is to help get possible services from:

Release of Information: LAWV may share my contact information with the school or community partner written on this form.

Voluntary Participation: I understand that agreeing to this referral is voluntary. I can withdraw my consent at any time.

Limitations: LAWV does not guarantee eligibility for services provided by school or community providers.

Confidentiality: LAWV will treat my personal information as confidential. LAWV will only disclose this information to school or community providers on this form.

Communication: I agree to receive communications from LAWV or the school or community provider regarding the referred services.

By signing below, I acknowledge that I understand the information on this Referral Permission Form.

Client's Signature: _____ **Date:** _____

Relationship to Student (if applicable): _____