



FAST Authorization for Release of Information

I, _____ (parent/guardian's name), parent/legal guardian of _____ (child's full name), hereby authorize and request the full release and disclosure of the any and all records concerning said child, including, but not limited to: educational records, medical records, psychological records, behavioral health records, government records, legal records, and police records, and to provide any information requested concerning said child to **Legal Aid of West Virginia, Inc.-Family, Advocacy, Support and Training Program** and its representatives and advocates.

- I hereby acknowledge that I am authorized to provide consent for release of the records of the child named in this Authorization for Release of Information.
- I hereby acknowledge that there are statutes and regulations protecting the confidentiality of authorized information and that any released information will not be re-disclosed to a third party without prior informed written consent given by myself.
- I hereby acknowledge that this consent is truly voluntary and is valid until performed.
- I hereby acknowledge that I may revoke this consent at any time, except to the extent that action based on this consent has been taken.
- Unless and until revoked, this consent shall be valid for one year from the date of my signature.

Legal Aid of West Virginia will give me a copy of this Authorization for Release of Information if I ask, and I may ask the source to allow me to inspect or get a copy of material to be disclosed.

By my signature below, I am indicating that I have read, or have had read to me, and understand the Authorization for Release of Information.

Print Name of Client/Parent/Guardian

Signature of Client/Parent/Guardian

Date

Child's Full Name

Child's Date of Birth