



STATEWIDE HEADQUARTERS
922 Quarrier Street, Suite 400
Charleston, WV 25301
866-255-4370

Authorization for LAWV to Release Information

I, \_\_\_\_\_ have discussed with Legal Aid of WV (LAWV) why I want information released and the privacy risks with it being shared. I give LAWV permission to release the following information:

Table with 2 columns: Who my information may be shared with, What information may be shared. Rows include Name, Organization or agency, Contact information.

The information may be shared: [ ] in person [ ] by phone [ ] by email [ ] by mail [ ] by fax

I understand that:

- 1. I may receive help from LAWV even if I don't agree to release this information.
2. Other people or organizations outside of LAWV may not be required to keep my information confidential.
3. If the information I agree to share relates to where I live or my address, this means that a third party outside of LAWV would have that information. This organization or person may not have the same obligations to protect my privacy.
4. This release is limited to the information I agree to share. If I want LAWV to share more information about me, I can sign another release.
5. I may cancel this release at any time, verbally or in writing.

This release is valid for \_\_\_\_\_ [time period] after signature
OR until \_\_\_\_\_ [date] and for no longer than one year after my signature.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature (if required): \_\_\_\_\_ Date: \_\_\_\_\_