



## Lawyer in the School Program

### Referral Permission Form

<b>Client Name:</b> _____ First Middle Last
<b>Address:</b> _____ Street/P.O. Box/RR
_____
City State Zip Code
<b>Telephone Number(s):</b> _____ <b>Text Message OK?</b> Y N
<b>Student(s) Name (if applicable):</b> _____

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:

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**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):** \_\_\_\_\_