

## **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