



Seeking Justice, Changing Lives

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AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, authorize any person or agency, governmental or private, to make available to any attorney or paralegal or Legal Aid of West Virginia bearing this Authorization or Release, any and all requested records for information, including psychiatric records or records relating to treatment for alcoholism or substance addiction pertaining to me (optional: ☐ and my family) that the person or agency may have, including written or electronic reports, copies, computations and excerpts, and hereby waive the limitations on access of information about me provided in the Privacy Act of 1974. This Release is to remain in effect for one year from the date of my signature. A copy of this Authorization shall have the same force and effect as the original.

SIGNATURE

DATE