LEGAL AID OF WEST VIRGINIA

STATEWIDE HEADQUARTERS
123 Washington St. W, Suite 101
Charleston, WV 25302
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:

Who my information may be shared with:	Name: Organization or agency: Contact information:
What information may be shared:	

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: _____

Disclaimer: This product was prepared under a grant from the West Virginia Division of Administrative Services, Justice & Community Services Section (or simply "JCS"). Points of view or opinions expressed in this product are those of the authors and do not necessarily represent the official position or policies of the State of West Virginia Division of Administrative Services, Justice & Community Services Section or any entity of the Department of Justice.

Approved by LAWV Legal Director May 19, 2021