**Authorization for Release of Information**

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth (MM/DD/YYYY):**\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**I authorize the custodian of records pertaining to me to release such records to [Organization], including**:

□ **School records** (including but not limited to grades, transcripts, class attendance, and diplomas/certificates)

□ **Police records** (including but not limited to arrest reports, warrant information, and reports involving me as a crime victim or witness)

□ **Tax records** (including but not limited to tax returns and IRS forms)

□ **Prior Attorney’s Records** (entire file)

□ **Other** (describe specifically): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

These records are for services provided between the following date(s): from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please send the records listed above to:

**[Organization]**

**Attn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:**

**Phone:**

**Fax:**

**Expiration:** This authorization expires (date or event): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Rights**: You may refuse to sign this form. You may cancel it at any time. You have the right to receive a copy of this authorization.

□ **This form was read to me in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ language and I understood its contents before signing**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of client/parent/legal guardian** **Date**

**Indicate relationship to client**: □ parent □ legal guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed name of client/parent/legal guardian**

**[Organization] is a non-profit organization. THIS FORM DOES NOT CONSTITUTE A CONTRACT FOR SERVICES NOR AN AGREEMENT TO PAY COMPENSATION. If the records custodian or its sub-contractor wishes to charge for the issuance of records, it must first notify OneJustice in writing of any applicable charge.**