

Client Queue/ID#: _____

CLIENT'S AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize IDignity Osceola and its legal counsel, Legal Advocacy at Work, Inc., and their agents and employees to release the following information:

- Any and all records, files, documents, correspondence and other information pertaining to the legal matters with which I have requested assistance.
- ONLY records, files, documents, correspondence and other information obtained by IDignity pertaining to identification or identification documents.
- ONLY general information related to my status as a client and progress on my case.
- ONLY information or documents as specified hereunder:

To the individuals, programs, organizations or entities specified hereunder:

- A copy of this document shall have the same effect as an original.
- This authorization is subject to revocation at any time except to the extent that information has been disclosed in reasonable reliance on it.
- This authorization shall be in full force and effect for one year from the date it was signed by client.

Executed on this _____ day of _____, 20__

Client's Birth Name (Please Print)

Client's Current Name (Please Print)

Client's Signature

Notarization (when required by source of records)

State of Florida
County of Osceola

_____ appeared before me on this ____ day of _____, 20__ and
Client's Name

produced _____ as identification is personally known to me.
type of identification

Signature of Notary Public

(Notary Stamp/Seal)