

Client Queue/ID#: _____

CLIENT'S AUTHORIZATION TO RELEASE INFORMATION

I, John Wayne Doe, 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:

John Smith, Case Manager
Any member of the staff at Community Service Agency

- 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__

John Wayne Doe
Client's Birth Name (Please Print)

John Wayne Doe
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)