

Washington Legal Clinic for the Homeless

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REQUEST AND AUTHORIZATION

FOR RELEASE OF INFORMATION

TO: _____

You are hereby requested, authorized and directed to furnish to my Attorneys, the **Washington Legal Clinic for the Homeless, Inc.**, or its **representatives**, and to permit the examination of, copying and/or reproduction or otherwise, by my Attorneys of all or any portions desired by them of my file.

You are further authorized and directed to furnish oral and written reports to the above named Attorneys as requested by them.

SIGNATURE: _____

PRINTED NAME: _____

SOCIAL SECURITY #: _____

DATED: _____