

**SOUTHERN MINNESOTA REGIONAL LEGAL SERVICES, INC. (SMRLS)
Volunteer Attorney Program**

**AUTHORIZATION FOR THE
RELEASE OF INFORMATION**

I, _____, authorize and instruct

_____ to release to _____, a Volunteer Attorney working through Southern Minnesota Regional Legal Services, Inc. (SMRLS), 55 East Fifth Street, Suite 400, St. Paul, MN 55101 (651-222-5863), and any of its employees, the following information:

_____.

The information is being requested to evaluate my legal rights.

I understand that this information will be used by the above volunteer attorney and SMRLS only as stated above. It will not be disclosed to other sources unless specifically authorized by law. I have been informed that I may refuse to authorize the release of this information, and the volunteer attorney or SMRLS has explained to me the consequences of my refusal to release the information. I understand that the use of this form by SMRLS or the volunteer attorney does not indicate that SMRLS or the volunteer attorney has agreed to accept me as a client or to represent me.

This authorization will remain in full force and effect, subject to my right to revoke it any time, until _____.

A photocopy of this Release is as valid as the original Release.

Signature

Dated