**AUTHORIZATION TO RELEASE INFORMATION AND RECORDS**

To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

I, , authorize you to communicate with representatives of the Public Interest Law Center of Philadelphia concerning me and release any and all reports and records maintained by you or your organization concerning me to the Public Interest Law Center of Philadelphia.

Dated:\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_