

Legal Services of Southern Piedmont, Inc.
1431 Elizabeth Avenue
Charlotte, NC 28204

AUTHORIZATION TO RELEASE INFORMATION

TO: Mecklenburg County Department of Social Services

I have asked Legal Services of Southern Piedmont, Inc., to advise and represent me with respect to my personal, financial, employment, or medical situation. In order for Legal Services to give me this advice and representation it will be necessary for them to receive certain information about me which you have. Realizing this, I have authorized and I do hereby authorize you to release to Legal Services of Southern Piedmont and to its representative any and all information which they may request regarding me, my medical or employment situation. Please furnish them with any records which you have regarding my history, condition or treatment. This would include all notes, reports, accounts or photographs. Please furnish Legal Services of Southern Piedmont with copies of this or other information you may have about me. You are also authorized to discuss my situation with Legal Services of Southern Piedmont or its representative.

This is a request made under § 522a(d)(1) of the Privacy Act of 1974 and fulfills the requirement for prior written consent contained in § 522a(b) of that Act.

At this time I cancel all prior authorization given to any other parties. This present authorization shall continue in force until it is revoked by me in writing. It is understood that a photocopy of this authorization shall serve in its stead because the original is on file with Legal Services of Southern Piedmont.

SIGNATURE

DATE

Please return requested information to:

Legal Services of Southern Piedmont, Inc.
1431 Elizabeth Avenue
Charlotte, NC 2804
704-376-1600 (phone)
704-376-8627 (fax)