

CENTER FOR JUSTICE
Community Building
35 W. Main
Suite 300
Spokane, WA 99201
Phone: (509) 835-5211
Fax: (509) 835-3867

AUTHORIZATION TO REQUEST RECORDS/INFORMATION

I, _____, hereby authorize the Center for Justice; to receive and copy any and all of my records pertaining to me that are in your possession. I waive any privilege to my attorneys and/or their staff. Please do not give any information to unauthorized persons.

I specifically authorize telephone conversations on my behalf by the Center for Justice.

Further, this authorization is a general release for the Center for Justice to release any information it deems necessary, either in the representation of me or in the application process, to any parties it deems necessary, and to obtain any information it deems necessary from any party it deems necessary.

A copy of this authorization shall have the same force and effect as the signed original.

This release is good until revoked by me in writing or until the Center for Justice closes my case.

DATE _____

Signature: _____