**Authorization for Release and Sharing of Information**

I hereby authorize the University of Tulsa Legal Clinic (“Clinic”) to send, release, and/or share with each other any and all records, information, evaluations, and clinical opinions regarding myself and my family’s legal case with the following organizations:

1. YWCA Tulsa
2. Catholic Charities of Eastern Oklahoma
3. Volunteer Attorneys through the Clinic, Catholic Charities of Eastern Oklahoma, and/or the YWCA Tulsa

In authorizing this release, I understand that this information will be used solely for the purpose of assisting me in my immigration case both now and in the future. In addition, I understand that I have the right to inspect my case file. I further understand that this information cannot be disclosed to another party without my authorization.

This consent is subject to revocation either orally or in writing at any time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Interpreter/Translator Declaration

I certify that I am fluent in English and Pashto/Dari and I read the above statement to the individual in a language they could understand and they indicated to me that they understood and agreed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature