



HOMELESS ADVOCACY PROJECT
Children, Youth, and Families Project
1429 Walnut Street, 15th Floor, Philadelphia, PA 19102
215-523-9595 (phone) | 215-523-9599 (fax) | www.haplegal.org

RELEASE OF INFORMATION AUTHORIZATION

I, _____, on behalf of my child/or as the legal guardian of _____, D.O.B. _____, S.S.N. _____, hereby authorize the release to the undersigned legal advocate and the Homeless Advocacy Project (HAP), 1429 Walnut Street, 15th Floor, Philadelphia, PA, 19102, its agents and employees, of the following information:

- (1) Any and all records, files, documents, correspondence and other information concerning the social services received;
- (2) Any and all records, files, documents, correspondence and other information concerning the above named child's educational, financial and employment history and/or his or her receipt of benefits from any local, state, or federal agency; and
- (3) Any and all records, files, documents, correspondence and other information pertaining to the legal matters with which I have requested assistance.

This release further authorizes you to permit the undersigned legal advocate and any other agent or employee of HAP to make and keep copies of any of the documents listed above, and to discuss my case with my advocate or any other agent or employee of HAP.

A copy of this document shall have the same effect as an original. This authorization is subject to revocation at any time except to the extent that information has been disclosed in reasonable reliance on it.

This authorization shall be in full force and effect for a period of one year from the date it was signed by me.

Executed this _____ day of _____, 20__.

Name (Please Print)

Advocate Name (Please Print)

Signature

Signature