AUTHORIZATION FOR RELEASE OF INFORMATION

I,	, born on ,
I,(Client's Name)	(Date of Birth)
hereby authorize [legal service provider] to disclose to and/or receive from third parties any relevant a verbal and/or a written information regarding the following immigration matter:	
I authorize this release for the duration of my	ffice of Immigration Review (EOIR), with [legal
I understand that [legal service provider] will information relating to my case to or from any	
I further understand that I may revoke this aut	horization at any time.
Client (or parent/guardian if client is a minor):	Date: Date:
Minor:(Signature)	Date:
(Signature)	
[Legal service provider]:	Date:
(Signature)	