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IRREVOCABLE CONSENT
AUTHORIZATION AND DIRECTION
TO DISCLOSE INFORMATION TO A THIRD PARTY

I, _____, hereby authorize and direct LAO to allow _____, (insert name of third party),
on my behalf, to request through the *Freedom of Information and Protection of Privacy Act*,
any records in my Legal Aid file.

The release of this information will not constitute the waiver of solicitor-client privilege.

I confirm that I have read and understand the content of this Authorization and Direction and
that I should not sign if I do not understand or agree with this Authorization and Direction. My
signature is voluntary and indicates my irrevocable consent.

SIGNATURE:

CLIENT NUMBER:

DATE: _____

FOR INTERNAL USE:

Information Released: (Year/Month/Date)