

**MASSACHUSETTS LEGAL CLINIC FOR THE HOMELESS**  
**SHELTER COUNSELOR INFORMATION RELEASE FORM**

I, \_\_\_\_\_, hereby permit my Legal Advocate, as defined in the MLCH Authorization of Representation signed by me today, or his or her designee, to discuss information which may be relevant and essential to the matters listed in Section 3 of the Authorization Form, with my shelter counselor(s) from the following agencies:

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Further, I permit my shelter counselor(s) to release to my Legal Advocate or his or her designee, any information my shelter counselor(s) may have which may assist in my representation.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_