

# LAWYERSCLEARINGHOUSE

Affordable Housing • Community Development  
Nonprofit Legal Assistance • Homelessness Prevention



## **Applicant Release Form**

ORGANIZATION NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

The Lawyers Clearinghouse will make every effort to preserve the confidential nature of your organization's legal problem. However, in seeking a volunteer attorney, we will need to disclose some of the descriptive material that you have provided us. In addition, as we receive support from foundations and other grant makers, some of this information may be disclosed to our funding sources. We also may use the organization's name and such descriptive information in our promotional materials and activities.

**By signing this release form, it is our understanding that you have granted us permission to make such disclosures as we deem necessary.**

\_\_\_\_\_  
Authorized signature (Executive Director or Officer)

\_\_\_\_\_  
Date

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