Authority to release information to Legal Aid NT

To: _____

I, _____
[Full name of client]

of _____

[Address of client]

Date of Birth: _____

Hereby authorise you to release to my solicitors, the Legal Aid NT, all documents, information and records, relating to my affairs held by you from the following date range:

I acknowledge that a Photostat copy of this document has the same effect as the original.

Dated: _____ /_____ /_____

Print Name: _____

Signed: _____

This form may be returned to:

Legal Aid NT
Parole Legal Service
6th Floor
9-11 Cavenagh Street
Darwin 0800

Or

parole@legalaid.nt.gov.au