**AUTHORIZATION TO RELEASE CRIMINAL COURT RECORDS AND INFORMATION**

To the Clerk of Court,

I am being represented by a volunteer with the Pardon Project of \_\_\_ County relating to clearing of criminal records by expungement(s), sealing(s), and/or pardon. I am receiving free legal services because my household income is at or below 200% of the Federal Poverty Guideline, and I am being represented free of charge.

I hereby authorize any court in any county to release to any Pardon Project representative any and all information, documents, records and summaries relating to any and all criminal court cases/dockets in which I am or was named as a defendant in your county. I intend for this authorization to be all-inclusive, and for that reason it specifically includes (but is not limited to) sealed or limited access information that would be covered by the “Clean Slate Act” or Act 56 of 2018. I also intend that a copy of this authorization be as effective as an original, and that it be used in as many courts as it is needed. This permission will expire one year from the date below.

Defendant/Authorizing Party:

Name [Print]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative of the Pardon Project assisting the above client:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Attorney:

ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Firm Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_