

TEXAS CRIME VICTIM LEGAL ASSISTANCE NETWORK

PERMISSION TO SHARE

_____ is a partner in the Texas Crime Victim Legal Assistance Network (TXCVLAN). The TXCVLAN is a group of providers working together to provide legal help to survivors of crime. A TXCVLAN application is an application to all of its partners.

We need your permission in writing to refer your application to our partners. We cannot refer your application without your permission. However, you can still apply on your own with any TXCVLAN partner.

Your information will not be given to anyone outside the network. Please know that some network partners may be required, by state law, to report suspected abuse of children, the elderly, and the disabled.

By signing this form, you give TXCVLAN permission to share your information in order to match your issue with a network partner or partners who may provide you help.

I, _____, give the Texas Crime Victim Legal Assistance Network (TXCVLAN) and its partners permission to do the following: (please check one)

Share the information I provide in my TXCVLAN application with

- any TXCVLAN partner, or
- only the following TXCVLAN partner(s):

▪ _____

I understand that TXCVLAN partners may contact me directly to discuss my application. I understand that I may not receive the help I request.

This permission is good only to refer your application to TXCVLAN partners and can be stopped by you at anytime by calling _____ or sending a written notice to the TXCVLAN by mail or fax at _____ or _____.

Signature

Date

Printed Name