THE AMERICAN LEGION

Department of North Carolina

AUTHORIZATION TO RELEASE INFORMATION
AND HOLD HARMLESS AGREEMENT

(Changes / modifications to the form are not authorized)

Post Name / Number: _____

Date: _____

Request / Case Number: _____

Resource Officer: _____

Requester Full Legal Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Current Address: _____

1. AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned Requestor, hereby authorize American Legion NC Post _____ (the "Post"), its Resource Officer, Service Officer, Commander, Executive Committee members with a need to know, and designated representatives, to obtain, use, and disclose information about me as necessary to evaluate and provide assistance under the Post's authorized Veterans Assistance Approval Process Procedure.

This authorization includes the release of information to and from third parties (including but not limited to county veterans services offices, VA, community agencies, landlords, utility providers, or other resources) solely as needed to verify eligibility, validate need, coordinate warm referrals, or facilitate approved assistance.

I understand that only information required by the Post's authorized process will be collected or shared, using the least intrusive method practical. I further understand that this form addresses Post-level assistance only and does not determine eligibility for any outside program or agency.

Specific information or parties (optional — list if desired):

_____

_____

2. HOLD HARMLESS AND RELEASE OF LIABILITY

In consideration of the Post's willingness to consider and, if approved, provide assistance, I hereby release, waive, and hold harmless American Legion NC Post _____, its officers, Resource Officers, members, agents, and representatives from any and all claims, demands, liabilities, or causes of action arising out of or related to the collection, use, or disclosure of information under this authorization, or arising out of any assistance provided or not provided.

I acknowledge that the Post is a volunteer service organization and not an emergency relief agency, and that any assistance is subject to available budgeted funds, local guidelines, and the Post's authorized process. I agree that this hold-harmless provision protects the Post to the fullest extent permitted by applicable federal and North Carolina law.

3. ACKNOWLEDGMENT AND SIGNATURE

I have read and understand this Authorization to Release Information and Hold Harmless Agreement. I voluntarily grant the authorizations and releases stated above. This authorization remains in effect for this assistance effort unless I revoke it in writing, except to the extent the Post has already acted in reliance upon it.

Requester Signature: _____ Date: _____

Printed Name: _____ Date: _____

Witness / Resource Officer Signature: _____ Date: _____

Witness Printed Name: _____ Date: _____