SOUTHERN MINNESOTA REGIONAL LEGAL SERVICES, INC. (SMRLS)

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I wesley Pethif	and, authorize and instruct		
City of St. Paul, Ra	ensey Course House Callis		
to release to Southern Minnesota Regional Legal Services, Inc. (SMRLS), Alliance Bank Bldg., 55 E. 5th Street, #400, St. Paul, MN 55101 (222-5863), and any of its employees, including: Pounnaphone Phomtalikhith and the following information: All Contents in File			
		The information is being reques	sted to evaluate my legal rights and/or to pursue an
		administrative appeal.	, so the part of t
	will be used by SMRLS only as stated above. It will not		
	ically authorized by law. I have been informed that I may		
refuse to authorize the release of this information, and SMRLS has explained to me the			
consequences of my refusal to release the information. I understand that SMRLS' use of this form			
does not indicate that SMRLS has agreed to accept me as a client or to represent me.			
This authorization will remain in full force and effect, subject to my right to revoke it any			
time, until 10/10/2020	<u> </u>		
This Release form has been trans	slated to me in my native language and I understand its		
contents.			
A photocopy of this Release is as	valid as the original Release.		
10-10-19	Wesly Ettel.		
Dated '	Signature		
8-19-54 Date of Rivin			
Date of Birth	Social Security Number		