

# Authority to Communicate with Another Person



**Applicant's name:**

**File No:**

I, \_\_\_\_\_ (Full name of applicant) of

\_\_\_\_\_  
(Address of applicant)

hereby authorise Legal Aid Queensland to communicate with

\_\_\_\_\_  
(full name of person who LAQ can communicate with) whose details are as follows:

Address:

\_\_\_\_\_  
\_\_\_\_\_

Birth date:

\_\_\_\_\_  
\_\_\_\_\_

Relationship to you:

(eg sister, mother,  
neighbour, friend)

\_\_\_\_\_  
\_\_\_\_\_

I understand that by providing this authority, any information in relation to my grant of aid on the file number stated above may be provided by Legal Aid Queensland to the person nominated above until such time as I make a request that this authority be removed or after the expiration of three months from the date of completion of my file.

I further understand that I can withdraw this authority at any time.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20

\_\_\_\_\_  
Signature of applicant

Privacy notice: The information you give us on this form, will be used to allow us to communicate with another person on your behalf. This information will only be disclosed to the person you have nominated. It will not be given to another person or agency unless you give us permission, we are authorised or required by law, or it would be reasonably expected. For more information about privacy, contact [privacy@legalaid.qld.gov.au](mailto:privacy@legalaid.qld.gov.au).