



## **CONFIDENTIALITY WAIVER AND THIRD-PARTY COMMUNICATION AUTHORIZATION IN REFUGEE PROCEEDINGS**

I, \_\_\_\_\_, hereby authorize ORAM – Organization for Refuge, Asylum & Migration to collect and share information, documentation, testimony and other evidence for and about my case from and with any third parties as needed to support my application for international protection in

This authorization extends to ORAM staff, volunteers, interns, contractors and any other parties that ORAM assigns to help prepare my case, so long as the same individual is bound by ORAM's confidentiality policy. This authorization also extends to any pro bono attorney(s), legal fellows, interns, or law students that ORAM assigns to handle my case through ORAM's pro bono program. Again, this authorization only extends to such individuals provided they are bound by ORAM's confidentiality policy.

I further authorize ORAM to access and share information about my case with the Office of the United Nations High Commissioner for Refugees (UNHCR) and any UNHCR implementing partner, government authority, or non-governmental organization (NGO) in relation to my application for international protection. I give ORAM permission to submit any written evidence, documentation, or petition to UNHCR or to any of its implementing partners on my behalf.

I request that the UNHCR and any UNHCR implementing partner, government authority, or non-governmental organization recognize that ORAM is acting on my behalf, and share all information and documents regarding my case with ORAM.

I understand that ORAM may share personal facts about me when communicating with third parties, as described above. I authorize this disclosure so long as the information is reasonably necessary to prepare my case.

In the event that I request ORAM's help in obtaining non-legal services from any third party, I authorize ORAM to release whatever information it deems necessary to help in obtaining those services.

Unless specifically withdrawn in whole or in part, this Confidentiality Waiver and Third-Party Communication Authorization shall remain in force for as long as ORAM represents me.

I have read and fully understand this Confidentiality Waiver and Third-Party Communication Authorization. I enter into this Waiver and Authorization freely and willingly.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name (Printed)



**Interpreter's Certification** [required only if Client is not fluent in English]

I, \_\_\_\_\_, certify that I verbally translated the foregoing Confidentiality Waiver and Third-Party Communication Authorization to the above-named client into the \_\_\_\_\_ language, and that s/he has indicated that s/he understands and agrees with its contents fully and entirely.

☐ I certify that I speak the same language and dialect as the client.

**OR**

☐ I certify that the translation has been done to the best of my ability, and that the client understands that we speak different dialects.

\_\_\_\_\_  
Interpreter Signature

\_\_\_\_\_  
Date