ILLINOIS
Student Legal Services
STUDENT AFFAIRS

WAIVER OF ATTORNEY-CLIENT CONFIDENTIALITY

I, _____, am a client of _____ at
(SLS attorney)
Student Legal Service, University of Illinois at Urbana-Champaign.

I understand that I have an attorney-client relationship wherein all communications are protected from disclosure by my attorney to third parties. Third parties include my parents or guardians.

There are circumstances in which a client may wish to have a parent, spouse, guardian, or others speak with an attorney about the case.

- A client is **NOT** required to consent to disclosure to third parties.
- A client should only waive attorney-client confidentiality of his/her/their own free will.
- A client should understand that the third party can potentially disclose client confidential information to the larger community and is also subject to subpoena to testify against the client in court concerning disclosed information.

I have read and understand the foregoing information and hereby waive attorney-client confidentiality and will permit my attorney to speak with

_____.
(Name of person or names of people you give permission to speak with your attorney.)

_____
Client Signature

NOTE: This document must be signed in the presence of a Notary Public. Do NOT sign before the Notary tells you it is okay to sign.

STATE OF _____)
) SS.
COUNTY OF _____)

Sworn and subscribed before me this ____ day of _____, 20__.

_____ (seal)
Notary Public