

**Confidentiality Waiver**

for volunteers of the Lappersdorf Integration Working Group

I, the undersigned: \_\_\_\_\_

(First and last name of the asylum seeker/ refugee)

born on: \_\_\_\_\_

hereby release Mr./ Ms. \_\_\_\_\_

(First and last name of the helper/ volunteer)

from confidentiality towards

Youth Migration Service/ Migration Counseling

Youth Welfare Office

Employment Agency and Jobcenter

Social Welfare Office

Immigration Office

Doctors and Hospital

Schools and Kindergartens

Tax Office

Health Insurance Provider

Insurance Companies

Pension and Social Benefit Providers

Civil Registry Office

Lawyer

Language Course Providers

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The release from confidentiality also applies to information regarding my child(ren).

Conversely, I also release the selected institutions from confidentiality towards the above-mentioned volunteer. He/she will help me to understand my affairs, but will not make decisions for me. This is not a granting of power of attorney.

This declaration can be revoked at any time and without giving reasons.

\_\_\_\_\_

(Place / Date)

\_\_\_\_\_

(First and last name of the asylum seeker/ refugee)