

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA**

**AUTHORIZATION TO RELEASE INSTITUTIONAL  
ACCOUNT INFORMATION  
AND TO PAY FILING FEE**

\_\_\_\_\_  
Plaintiff

v.

**Case Number:**

\_\_\_\_\_  
Defendant

I, \_\_\_\_\_, \_\_\_\_\_,  
(Name of Plaintiff) (Register Number)

authorize the Clerk of the Court to obtain, from the institution having custody of me, information about my institutional account, including balances, deposits and withdrawals. The Clerk of the Court may obtain my account information for the past six (6) months and in the future, until the filing fee is paid. I also authorize the institution having custody of me to withdraw funds from my account and to forward payments to the Clerk of the Court, in accordance with 28 U.S.C. § 1915.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Plaintiff)

**Instructions to Plaintiff:**

**Give one copy of this document to your institution's Trustee Clerk or person with responsibility for inmates' accounts.**

**Mail the original of this document to the Clerk of Court.**