

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ Of _____, Alaska do hereby authorize and direct the release of all records, documents, photographs, and all other materials regarding any issue, event, relationship, or fact about me or my children to Alaska Legal Services Corporation

BY: _____

I authorize and direct the release of such information in any way convenient, to include, but not limited to: written correspondence, phone conversations, and inspection and copy of records.

Printed Name _____

Signature _____

Date _____

I authorization will terminate one year from the date of my signature unless I have specified a different expiration date or expiration event.

Enter a different from one year after date at the following:
