



Child Care Services Program  
 P.O. Box 948  
 Nome, AK 99762  
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 Email: [intake@kawerak.org](mailto:intake@kawerak.org)  
 1-800-450-4341 or (907) 443-4358  
 Fax (907) 443-4485 for eFax (907) 802-6183

### Authorization for Release of Information

Relative Providers and all other household members, 18 years and older, living in the residence where care is provided must complete this authorization for release of information every 12 months.

I hereby authorize Kawerak Child Care Services to conduct a Tribal Approved Background Check initially and annually thereafter to obtain information that is required to approve my provider application. This review will include the State of Alaska Child Abuse Registry and Out of State Offender Registry, State Sex Offender Registry, and State of Alaska Court View Records.

I understand this exchange of information will be done solely to benefit the provision of services I am requesting, and all information will be kept confidential. Copies of this release will be considered valid as the original and will be in effect for one year.

Full Printed Name First, Middle, Last	Date of Birth	Relationship to Child	Signature	Date