



**KAWERAK, INC.**

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Education, Employment, and Supportive Services

P.O. Box 948, Nome, AK 99762

Toll Free: 1-800-450-4341 Phone: 907-443-4358 Fax: 907-443-4485

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**AUTHORIZATION OF RELEASE OF INFORMATION**

(Valid for no less than 24 Months)

I hereby authorize the release of any and all information needed by Kawerak, Inc. for the use and determination of eligibility for financial assistance through the Education, Employment, and Supportive Services Division and for exchange of information for the Education or Employment Development Plan and career guidance services.

Persons or organizations that may be contacted include, but are not limited to: State of Alaska: Department of Labor and Workforce Development; Office of Children's Services; Department of Health and Human Services, Department of Public Assistance; Social Security Administration; Local Governments; City Councils; Village Councils; Native Corporations; State, Federal, and Private Educational organizations; Financial Institutions; Landlords, Employers, School Districts; Businesses and Private individuals.

I hereby authorize the use or disclosure of my personal and protected information described below but may not be all inclusive.

Birth Certification     Social Security Card     Verification of Tribal Enrollment     Employment Pay Stubs

Verification of Selective Service     Verification of Employment     Verification of Residency

Verification of Public Assistance or Unemployment from the State of Alaska

Verification of Education Diploma, Degree, or Certificate     Other: \_\_\_\_\_

I understand that this authorization is voluntary. I understand that my records may contain sensitive information. To the extent that this information is required to remain confidential by federal or state law, the recipient of this information must continue to keep this information confidential. I understand that I may request a copy of this signed authorization. This authorization expires 2 years from the date of signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
**IF UNDER 17 Years of Age:** Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name