KAWERAK, INC.

Education, Employment, and Supportive Services
Vocational Rehabilitation Program
P.O. Box 948, Nome, AK 99762
Toll Free: 1-877-759-4362 Phone: 907-443-4349 Fax: 907-443-4465
Email: vr@kawerak.org Website: www.kawerak.org

AUTHORIZATION FOR RELEASE OF INFORMATION

(Valid for no less than 24 Months)

I hereby authorize the release of information needed by the Kawerak, Inc. Vocational Rehabilitation Program for the determination of eligibility for vocational rehabilitation services and for the exchange of information for the development, or amendment of an Individualized Plan for Employment.

Persons or organizations that may be contacted include, but are not limited to: State of Alaska: Department of Labor and Workforce Development; 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:

☐ Birth Certification ☐ Social Security Card ☐ Verification of Tribal Enrollment _____
(Name of Tribe Here)

☐ Verification of Selective Service ☐ Verification of Employment ☐ Verification of Residency

☐ Verification of Public Assistance or Unemployment from the State of Alaska ☐ Employment Pay Stubs

☐ 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

_____ _____
Signature of Parent or Legal Guardian Date

_____
Print Name