

AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

To: _____

I, _____
Name & Address of Person Giving Authorization

with this document give my consent and authorize you to release, upon request, all information regarding my employment, earnings, and benefits (including but not limited to health insurance, cashable leave, stock options, and perquisites or in-kind compensation such as employer provided housing or transportation benefits) to:

Name & Address of Person Authorized to Get Information, hereafter called "authorized person"

or any person who possesses original written authorization signed by the *authorized person*. This document further gives my consent and provides your authorization to permit *authorized person*, or any person delegated by *authorized person* to examine and copy, or to be furnished a copy of all records and documents in your possession pertaining to my employment as referenced above.

I agree that a photocopy of this authorization shall be considered as effective and as valid as the original. This release shall only be valid for six months from the date of signature.

Dated: _____
Signature of person giving authorization

Date of Birth

Social Security No.

ACKNOWLEDGMENT

I, the undersigned Notary Public in and for Alaska, hereby certify that on this ____ day of _____, 20__, the person named in the foregoing instrument, personally appeared before me and acknowledged that he/she signed and sealed the same freely and voluntarily as his/her free act and deed, for the uses and purposes herein mentioned.

My Commission Expires: _____