AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION

TO: ANY BANK, CREDIT UNION, BROKER, AND/OR FINANCIAL INSTITUTIONS WITH WHICH I HAVE HAD ANY ACCOUNTS.

I, _____
Name & Address of Person Giving Authorization

with this document give my consent and authorize you to release, upon request, all information regarding all accounts in your institution on which I have been a signatory within the past two years 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 any accounts 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: _____