



Authorization for Release of Information

FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251
alaska.gov/drb

Division of Retirement and Benefits
P.O. Box 110203
Juneau, Alaska 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

TO: Any Individual, Firm, Corporation, Doctor, Hospital or Governmental Agency of Any Local, State, or Federal Government:

I hereby authorize and consent to the release of the following information pertaining to me, including but not limited to, records, notes, histories, reports, files, summaries of files, x-rays, photographs, and other written or recorded information.

- A. Medical records.
- B. Employment records, including employment applications and evaluations.
- C. Vocational training or rehabilitation applications.
- D. Records of any governmental agency concerning or in any way related to local, state, or federal employment, disability, or vocational education or training benefits or programs of any nature, including but not limited to, social security, employment security, veterans, workers' compensation, and vocational education benefits.
- E. All disability records maintained by any past or present disability insurer.

Such information is to be released to an authorized representative of the State of Alaska, Department of Administration, Division of Retirement and Benefits.

A photocopy of this authorization shall be considered as effective and valid as the original.

Dated this _____ day of _____, 20__.

Signed: _____

Printed Name: _____

Social Security Number: _____

Address: _____

Contact Telephone Number: _____