

Consent for Release of Confidential Information

I, _____ authorize the Violent Crimes Compensation Board
(Name of claimant)

to discuss the status of my application with

_____ (Name of person or organization to which disclosure is to be made)

The purpose of the disclosure authorized herein is to allow direct communications between the Violent Crimes Compensation Board and the person or organization identified above who is assisting me with my claim for compensation in order to facilitate the timely and efficient processing of my claim. This consent does NOT authorize the Violent Crimes Compensation Board to disclose information about my application with any other person or organization nor does it permit the Violent Crimes Compensation Board to release copies of documents to the person or organization identified above.

I understand that my records are protected under Alaska Statute and cannot be disclosed without my written consent. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically within 12 months of the date herein.

Dated _____

Signature of claimant _____

(Signature of parent, guardian, or authorized representative when required)