STATE OF ALASKA DIVISION OF VOCATIONAL REHABILITATION

AUTHORIZATION TO RELEASE PERSONAL/CONFIDENTIAL INFORMATION

Required Information. These sections must be filled in.

☆	From:					SSN=XXX-XX-		
		Participant's	Printed Name		Date of Birth	SSN if needed (use of		
☆	I grant permission for you to release to the <i>Division of Vocational Rehabilitation</i> the following types of information: I grant permission for the <i>Division of Vocational Rehabilitation</i> to release to you the following specified information:							
☆			<u> </u>					
	To: Organization's/Individual's Name Other Identifying Information (address)						hone #, title, etc)	
☆ '	For the Spe	cific Purpose of :			gibility or Identifying VR Ser	vices)		
		PART I						
			•		ox of the record type (s) requir			
	Medi	ical Pr	sychiatric/Psycholog	gical	<u>Academic</u>	Corrections		
	Medi	cal Records	Psychiatric Rep Evaluations	ports/	School Transcripts Grade Reports	Corrections/	Arrest Records	
	Hosp	ital Records	Neuropsycholo Psychological		IEP/Special Ed Reports	Furlough/Par Stipulations	role/Probation	
Other Types of Information Mail to:								
	(Spe	cify)						
	(Spe	cify)						
Or fax to:								
☐ Information pertaining to: (Specify dates of treatment, medical condition (s), etc.)								
PART II								
Drug and Alcohol								
	Drug and Alcohol Treatment Records Assessment Results & Recommendations							
		Discharge Summary W/Treatment Dates (Specify)						
	PROHIBITION ON REDISCLOSURE: Information requested in Part II has been disclosed from records whose confidentiality is protected by Federal Regulations (42 CFR Part 2) prohibiting any further disclosure except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is NOT sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug patient.							
	The confidentiality of all information requested with this authorization is protected by AS 23.15.190 and 34 CFR 361.38. This authorization of release also complies with 45 CFR 164.508.							
Note: This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will expire 1 year from date of signature.								
☆	·		_	-				
		Participant's Signa	ture	Date	*Par	ent or Guardian Signature	Date	
		** Witness' Signati	ire	Date		** Witness' Signature	Date	

^{*} If a participant is a minor, signature of a parent or guardian is required.

^{**} If unable to write his or her name, the participant should enter an "X" or other mark. Signatures of two witnesses are required.