



Tlingit & Haida
Tribal Child Support
PO Box 25500
Juneau, Alaska 99802
Phone: (907) 463-7132

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

By signing this form, you are authorizing Tlingit & Haida Tribal Child Support (TCS) to release confidential information related to your case(s) to the recipient(s) specified below. Please read this form carefully, and contact TCS if you have any questions.

I authorize TCS to (check all that apply):

Discuss and disclose: _____

I authorize the release of the information specified above to the following recipient(s): _____

The information specified above is to be released only for the following purpose(s):

If you have authorized TCS to discuss the information specified above, indicate the timeframe during which TCS may communicate with the person(s) listed above by checking the appropriate box below:

I authorize ongoing communication unless and until I revoke this consent.

I authorize communication only until _____ (specify date or event).

Other restrictions or limitations on information to be released (specify):

I understand that I do not have to consent to the release of my confidential information, and that I may withdraw this consent so as to prevent future disclosures of the type authorized herein at any time. I also understand that any such withdrawal of consent will only be effective as of the date that it is received and processed by Tlingit & Haida Tribal Child Support and shall not apply to any disclosures made both prior to the withdrawal and in reliance upon the consent provided herein.

I hereby release the Central Council of the Tlingit & Haida Indian Tribes of Alaska and Tlingit & Haida Tribal Child Support and their staff from any liability resulting from any release of information that is authorized herein.

A facsimile of this form will be regarded to be as valid as the original.

As evidenced by my signature below, I hereby consent to and authorize the release of my confidential information that is on file with Tlingit & Haida Tribal Child Support to the recipient(s) specified above.

Signature: _____ **Date:** _____

Name (printed): _____