



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

**Department of Public Safety
Violent Crimes Compensation Board**

5700 East Tudor Road
Anchorage, Alaska 99507
800-764-3040
vccb@alaska.gov
Fax: 907.465.2379

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Claim No. _____

I, _____, authorize the Violent Crimes Compensation Board (VCCB) to discuss the status of my application with _____

The purpose of the disclosure authorized herein is to allow direct communication between the Violent Crimes Compensation Board (VCCB) and the person or organization identified above to facilitate the timely and efficient processing of my claim. This consent does NOT authorize the VCCB to disclose information about my application with any other person or organization nor does it permit the VCCB 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.

Print Name:

Signature:

Date:

(Signature of parent or legal guardian when required)

Return completed form to the Violent Crimes Compensation Board (VCCB)