

# Client Consent to Release Information



I, \_\_\_\_\_, hereby authorize staff Victims for Justice to exchange information contained in my client records to the individual(s) or organization(s) listed below. I also give my permission for the individual(s) or organization(s) listed below to exchange information from their records concerning my contact with Victims for Justice staff.

1. Name of person(s) or organization(s) with whom information from my records is to be exchanged:

- ☐ Anchorage Police Department [Law Enforcement]
- ☐ District Attorney's Office [Department of Law]
- ☐ Anchorage Municipal Attorney's Office
- ☐ VCCB (Violent Crimes Compensation Board)
- ☐ Office of Victim's Rights
- ☐ Alaska State Troopers
- ☐ STAR
- ☐ Office of Children's Services
- ☐ AWAIC (Abused Women's Aid in Crisis)
- ☐ ANJC
- ☐ Other Relationship: \_\_\_\_\_
- ☐ Other Relationship: \_\_\_\_\_

2. The specific information I authorize released is:

- ☐ Case Specific
- ☐ Other: \_\_\_\_\_

3. The purpose and need for such disclosure is:

- ☐ Coordination of Services
- ☐ Other: \_\_\_\_\_

This authorization is effective from date signed, and expires after three (3) years, except to the extent that action has already been taken in reliance upon it. Authorization may be revoked by me in writing at any time.

It is or intent to continue to protect your record after death as we would in life. In the event of my death, **I DO** ☐ **DO NOT** ☐ authorize Victims for Justice to release documented information and confidential communications about me to:

- ☐ The organizations I have checked above
- ☐ Other: \_\_\_\_\_ City/State: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by:

\_\_\_\_\_  
Date