

I, \_\_\_\_\_ (\_\_\_\_\_ of deceased) \_\_\_\_\_ residing @

do hereby authorize the release of information requested by the Kenaitze Indian Tribe Burial Assistance Program. The requested information shall be used solely in the administration of Burial Assistance and will not be released to any other person or agency outside the Burial Assistance Program or its agents. I hereby authorize the Kenaitze Indian Tribe to obtain and exchange ***information related to my applications to participate in their programs, specifically to verify my receipt of benefits and payments.*** And, to ***arrange for such participation based on my employability assessment and plan to employment related activities.*** This release of information ***shall be in effect while I'm an applicant or recipient of Burial Assistance, and for any later investigation pertaining to my eligibility and receipt of Burial Assistance benefits.***

Persons or organizations that may be contacted include, but are not limited to: the Department of Public Assistance, Department of Law, the Department of Public Safety, the Department of Fish & Game, the Department of Labor and Workforce Development, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, public assistance program contractors and grantees, health care providers, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, private individuals and all departments and programs within and administered by the Kenaitze Indian Tribe.

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Signature of Witness if signed with an 'X'

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date