

# **Alaska Court System**

## **Authorization for Release of Confidential Personnel Information**

By my signature below, I authorize the Alaska Court System (ACS) to release to the named individual/organization any pertinent information regarding my employment with the ACS.

I release ACS and all its employees from any and all liability associated with providing the requested employment information.

I authorize the ACS to provide information regarding my employment to:

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Name of Individual

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Name of Organization

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Mailing Address

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City, State, Zip Code

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Phone Number

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Email Address

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Full Name of Employee (Print)

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Signature of Employee

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Date