

AUTHORIZATION TO RELEASE INFORMATION FORM

I hereby give my permission to the Kansas Department of Social and Rehabilitation Services to release the information I have provided in the shaded box below to the following persons for whom I have requested a search:

_____	_____
Name, (if known)	Relationship
_____	_____
Name (if known)	Relationship
_____	_____
Name, (if known)	Relationship

Name _____ Telephone _____
Address _____
City, State, Zip _____
Information I wish to share: _____

(Please Note - In the event you do not wish to release your identifying information (name, address and/or telephone number), do not provide this information in the box.)

Signature of Person Authorizing Release of
Identifying Information

ACKNOWLEDGMENT BEFORE NOTARIAL OFFICER

State of _____)

(County) of _____)

Signed or attested before me on this _____ day of _____, 2002 by _____

(Person authorizing release
of above info)

Signature of Notary

Title

(Seal)

My appointment Expires: _____