



Consent for Release of Information

Alaska Performance Scholarship Program Participation Agreement

Instructions: This form must be filled out and submitted for all owners and senior administrative officials. NOTE: A photocopy of this release is to be honored as if it were an original.

I, _____ (Complete Name) hereby authorize the Alaska Commission on Postsecondary Education (ACPE) and/or its agents to obtain a credit report and make an independent investigation of my background, references, character, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming evidence of satisfactory reputation of business and professional integrity.

As an owner or a senior official of:

(Name of Institution/Corporation)

I release ACPE or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits relative to the information obtained from any and all of the above referenced sources used.

1. Personal Information

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name or Other Names Used: _____

Date of Birth: _____ SSN: _____ Driver's License #: _____ State: _____

2. Address Information

Present Street Address: _____ How long? _____

City: _____ State: _____ Zip: _____

Former Street Address: _____ How long? _____

City: _____ State: _____ Zip: _____

3. Contact Information

E-mail Address: _____ Phone Number: _____

Certification

I certify that all information provided is true and correct to the best of my knowledge. I release ACPE or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

Signature: _____ Date: _____