

**AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION**

The purpose for this release is to determine financial eligibility of the household member who has asked for assistance from Arctic Slope Native Association (ASNA), Ltd., Medical Travel & Funeral Assistance (MTFA) Program.

**I.** I, \_\_\_\_\_, hereby request the disclosure of my financial information.

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

**II. The financial information is to be released from: (Please check all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> North Slope Borough                 | <input type="checkbox"/> Native Village of Nuiqsut      | <input type="checkbox"/> City of Wainwright            |
| <input type="checkbox"/> North Slope Borough School District | <input type="checkbox"/> Native Village of Point Hope   | <input type="checkbox"/> SKW Eskimos Inc.              |
| <input type="checkbox"/> Arctic Slope Regional Corporation   | <input type="checkbox"/> Native Village of Point Lay    | <input type="checkbox"/> Ijisaġvik College             |
| <input type="checkbox"/> Utqiaġvik Iñupiat Corporation       | <input type="checkbox"/> Native Village of Kaktovik     | <input type="checkbox"/> ICAS                          |
| <input type="checkbox"/> Atqasuk Iñupiat Corporation         | <input type="checkbox"/> Naqsrarmiut Tribal Council     | <input type="checkbox"/> Arctic Slope Consulting Group |
| <input type="checkbox"/> Kaktovik Iñupiat Corporation        | <input type="checkbox"/> Wainwright Traditional Council | <input type="checkbox"/> Samuel Simmonds Memorial      |
| <input type="checkbox"/> Kuukpiik Village Corporation        | <input type="checkbox"/> City of Barrow                 | <input type="checkbox"/> Alaska Native Medical Center  |
| <input type="checkbox"/> Tikigaq Corporation                 | <input type="checkbox"/> City of Anaktuvuk Pass         | <input type="checkbox"/> Maniilaq Health Center        |
| <input type="checkbox"/> Cully Corporation                   | <input type="checkbox"/> City of Atqasuk                | <input type="checkbox"/> Medicaid                      |
| <input type="checkbox"/> Olgoonik Corporation                | <input type="checkbox"/> City of Kaktovik               | <input type="checkbox"/> PacifiCare Insurance          |
| <input type="checkbox"/> Nunamiut Inupiat Corporation        | <input type="checkbox"/> City of Nuiqsut                | <input type="checkbox"/> Aenta Insurance               |
| <input type="checkbox"/> Native Village of Barrow            | <input type="checkbox"/> City of Point Hope             | <input type="checkbox"/> State of Alaska               |
| <input type="checkbox"/> Native Village of Atqasuk           | <input type="checkbox"/> City of Point Lay              | <input type="checkbox"/> ASNA, Ltd.                    |
| <input type="checkbox"/> <b>Other Company</b> _____          |   |  |

**III.** I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate one year from the date of my signature. I understand that if I do not qualify financially I am ineligible for MTFA program services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE DO NOT WRITE IN THIS AREA (PAYROLL & OFFICE USE ONLY)**

**IV. The information to be released is for income verification.**

- Please state the 12 months total income for the following time period: \_\_\_\_\_
- Total gross income for the last 12 months: \$ \_\_\_\_\_

**If no longer employed, please share date of departure/termination:** \_\_\_\_\_