



AUTHORIZATION FOR RELEASE OF INFORMATION

Name _____ Account# _____

Mailing Address _____

Physical Address _____

I, the above named individual, hereby authorize Dillingham City School District to obtain the following information

Nushagak Electric & Telephone Cooperative, Inc. Internet (only) account information to include:

- * Account Number (if not known)
- * Monthly Billing Amount

I hereby give you my permission to release this information to Dillingham City School District subject to the condition that it be kept confidential.

I understand that a photocopy of this authorization is valid as the original.

I further understand that I may rescind this authorization at any time by submitting a request in writing, to stop, to Nushagak Electric & Telephone Cooperative.

Thank you for your cooperation and assistance in this matter.

Signature _____

Date Signed _____

_____ Virtual School

Names of students in this household

_____ In Person Schooling
