

RELEASE OF FINANCIAL AND EMPLOYMENT INFORMATION

Under Alaska Civil Rule 26 and 26.1, and for use only in divorce, legal separation, or custody litigation, I, _____ [full name], consent and authorize those who have custody of or knowledge of my financial information to release, copy, and discuss the information described below in sections A and B with:

- my lawyer and their staff: _____
- the opposing party: _____
- the opposing party's lawyer and their staff: _____
- other: _____

A. **All information and documents held by any bank, credit union, savings and loan institution, stock brokerage, insurance company, governmental agency, or other financial institution relating to my finances and assets and to any account upon which I have signatory power.** This release extends to all documents, including, but not limited to, records of account balances, the front and back of canceled checks, deposit records, credit reports, loan payment records, financial statements, loan applications, certificates of deposit, or other financial documents of any kind, such as documents in the possession of the State of Alaska and federal agencies, if any. This release includes information available to me as a shareholder of any corporation, trust beneficiary, or as a partner of any partnership in which I may own an interest. This release includes financial records held by any accountant or bookkeeper.

B. **All information and documents held by any employer, past or current, regarding my earnings and employee benefit information (including, but not limited to, health insurance, cashable leave, stock options, deferred compensation, pension, retirement or profit-sharing information, and perquisites or in-kind compensation such as employer-provided housing or transportation benefits) held by any employer, former employer, or retirement plan.** This release applies to any federal (including CSRS and FERS), State of Alaska, or local government civil service pension or other employee benefit plan.

Expiration: This release expires one year from the date stated below unless revoked in writing and distributed in the same manner as this release. Revocation will not affect information released prior to revocation.

This release does not authorize anyone to change any accounts or financial information. A photocopy of this release shall be considered as effective and as valid as the original.

[Sign in front of a notary.]

Signature: _____ Print Name: _____

Date of Birth: _____ SSN: _____

Subscribed and sworn to or affirmed before me at _____ on _____

(SEAL)

Notary public or other person authorized to administer oaths
My commission expires: _____