



Alaska SEED Registry Release of Information

I, _____, authorize the mutual exchange of information
(Name of person authorizing release of information)

below between the **SEED Registry** and _____ .
(Name of person authorized to receive information)

Please initial the information you are authorizing Alaska SEED to share with the above named individual:

_____ SEED Registry Username
(initial)

_____ SEED Career Ladder Level
(initial)

_____ SEED Registry Membership Expiration Date
(initial)

_____ Number of Annual Training Hours Achieved
(initial)

All information is confidential and may only be shared between the above indicated parties. If you have any questions please contact Alaska SEED at 907.265.3194 or info@seedalaska.org.

I acknowledge this agreement is valid for twelve months from the date signed. I further agree that if I leave my place of employment before the 12 month period ends it is my responsibility to notify the SEED Registry that this agreement is revoked/null and void.

Signature of Alaska SEED Registry Member
(MUST BE SIGNED IN INK)

Date

