**RELEASE OF INFORMATION**

TO: Washington State Bar Association

Washington State Medical Association

Washington State Nursing Commission

Washington State Board of Psychology

Washington State Department of Licensing

I, (Professional License No. ) herby authorize you, for the purpose of my application and/or work as a Kitsap County Guardian ad Litem, to release information to and discuss such information with:

Frank A. Maiocco, Jr. Court Administrator

Kitsap County Superior Court 614 Division Street, MS-24 Port Orchard, WA 98366 (360) 337-7140

This RELEASE OF INFORMATION includes, but is not limited to, all records and information concerning any official disciplinary action or a pending active investigation you have with regard to me.

Signature Date

Printed Name

Street Address

City/State/Zip