

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. _____) hereby 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