

KANSAS HUMAN RIGHTS COMMISSION

State of _____)
County of _____) ss:

AUTHORIZATION RELEASE FORM

I _____, of lawful age, being first duly sworn upon my oath, state that I authorize anyone in possession of medical, educational, personnel or any other information, which relates to me, to furnish such information to any representative of the **Kansas Human Rights Commission**.

I _____ do hereby release anyone in possession of any such records from any liability and for damages whatsoever in furnishing such records, allowing such records to be obtained, or allowing the copying of such records by the aforementioned agency and any such person or persons as they may designate as a representative of the agency.

Complainant

Subscribed and sworn to, before me,
this _____ Day of _____, 20____

Notary Public

MY COMMISSION EXPIRES: