



THE STATE
of

ALASKA

*Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing*

Alaska Board of Barbers and Hairdressers

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Email: *BoardofBarbersandHairdressers@Alaska.Gov*

Website: *ProfessionalLicense.Alaska.Gov/BoardofBarbersandHairdressers*

Authorization to Discuss and Share Information

Board of Barbers and Hairdressers staff are authorized to communicate only with the applicant.

If the applicant is accepting assistance from an employment agency or another individual and would like to have the agency or individual have full access to their application file to keep them apprised of the licensure process, then board staff must have a signed release from the applicant to discuss the application and share information.

If you wish to authorize such communication, please complete this form and file with your application.

Name of Applicant:	
Applicant's Profession:	
Applicant's Email:	
Applicant's Phone:	

Authorized Agency or Individual:	
Authorized Agent or Individual:	
Authorized Agent or Individual's Email:	
Authorized Agent or Individual's Phone:	

By signing this release, you are authorizing the State of Alaska to discuss any items in your file that may pertain to your application and its process.

Transcripts, exam results, license verifications, court documents and supporting documents, and background reports, are some of the sensitive information that could be discussed between the authorized agent or individual and the board staff.

Correspondence between board staff and the authorized agent or individual may be written or verbal communication.

I hereby authorize staff of the Alaska Board of Barbers and Hairdressers to share and exchange information relating to my licensing application with the above-named authorized agent and agency or individual.

This release applies to status updates and documents and information required to complete my application for licensure in the State of Alaska.

Applicant's Signature: _____

Date: _____