

**STATE OF ALASKA  
ALASKA COMMERCIAL FISHERMEN'S FUND  
REQUEST FOR RELEASE OF INFORMATION**

**Requestor's Printed Name:**

**Firm Name (If Applicable):**

**Requestor's Mailing Address:**

**Requestor's Phone Number:**

**Fax Number:**

**E-Mail:**

**Requestor's Status:**  Claimant     Vessel Owner     Insurer     Claims Administrator  
 Legal Representative     Other (Describe Below)

**Claimant's Name (Last, First, Middle Initial):**

**Claimant's Date of Injury:**

(If multiple claim files are requested, list date of injury for each claim.)

**Vessel and Vessel Owner at the Time of Injury:**

(If multiple claim files are requested, list vessel owner for each claim.)

**Information Requested:**  Copy of Claimant's Case File  
 Other (Describe Below or Attach Documentation)

**Requestor's Signature:**

**Date:**

I hereby authorize the Alaska Commercial Fishermen's Fund to release the aforementioned information.

Signed (Claimant Signature):

Date: