



NMPASI

NORTHERN MARIANAS PROTECTION & ADVOCACY SYSTEMS, INC.

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CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

This is to certify that I, _____
hereby authorize _____
to release and furnish the following records to Northern Marianas Protection &
Advocacy Systems, Inc. (NMPASI):

Such information is to be used solely for the purpose of assisting NMPASI in its
representation of: _____

A copy of this authorization should be accepted with the same legal authority
as the original, and this consent for release of confidential information shall remain
effective until:

Dated this _____ day of _____, 20__

Name: _____

Address: _____

SIGNATURE: _____

WITNESSED/BY: _____