KANSAS SOCIAL AND REHABILITATION SERVICES
APPLICATION FOR INFORMATION

In Accordance With K.S.A. 39-709b and Kansas Administrative Regulation 30-2-11

I, _____, Social Security Number ____/___/_____, hereby request the Kansas Social and Rehabilitation Services to disclose and provide to the law firm of _____, information I previously submitted to SRS or was supplied to me by SRS, or SRS records concerning me or my children, as follows:

_____

_____

_____

_____

My information request is for the following purpose(s):

_____

_____

I further authorize and consent to the disclosure and copying of these records for the above mentioned purposes.

IN CONSIDERATION OF SUCH DISCLOSURE ON THE PART OF THE ABOVE NAMED PERSONS AND/OR INSTITUTIONS, I HEREBY RELEASE THEM FROM ANY AND ALL LIABILITY ARISING THEREFROM AND AGREE TO HOLD THEM HARMLESS FROM ANY LIABILITY RESULTING THEREFROM.

Date _____ Signed _____

STATE OF _____)
) ss:
COUNTY OF _____)

BE IT REMEMBERED, that on this _____ day of _____, 20_____, before me personally appeared _____, know to me to be the person named in and who executed the foregoing instrument of writing and acknowledges the execution of the same.

_____
Notary Public

My Appointment Expires:
_____

Revised: 5-19-99