



## Authorization to Release Information Form

Name (First, M.I., Last): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Certification Number (if applicable): \_\_\_\_\_

Specific Information to be released: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_