

Authorization to Release Information

NOTICE: By signing below you (1) allow CGFNS to disclose confidential, personal, private information about you and your file at CGFNS to the person designated below; (2) give up the right to receive information from CGFNS directly; and (3) release and indemnify CGFNS, its members, trustees, officers and employees from any liability for losses, damages or claims of any type arising out of actions taken by CGFNS in reliance upon this *Authorization to Release Information*, hereafter known as "Authorization".

This Authorization will remain valid for two years from the date supplied by you on the "Date" line below (or if no date is supplied, from the date this Authorization is received by CGFNS).

REVOCACTION: This Authorization can be revoked by submitting a new authorization dated and signed after the initial authorization. In addition, you may revoke this Authorization in writing at any time, which will be effective on or after the 30th day after CGFNS receives it, by regular mail or courier, at its headquarters office in Philadelphia, Pennsylvania, USA.

AUTHORIZATION: I authorize CGFNS to release to the authorized agent indicated by me below, any and all information about me and my application/order for services from CGFNS, including, and without limitation, the status of my application/order, the results of any credentials review, examination or test and any other information in or relating to my file at CGFNS. **I understand that all mail (including certificates, exam scores and reports) will be sent to the authorized agent.**

This authorization revokes all previous authorizations submitted by the applicant.

1 Your CGFNS ID number (if known)

--	--	--	--	--	--	--	--	--	--

2 Your birth date (spell the month and enter numbers for the day and year)

Month	Day	Year																
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				

3 Your signature

Your signature _____ Date _____ / _____ / _____
Do not print Month / Day / Year

Print your name _____

4 Your authorized agent (please print)

Your contact's name _____

The organization your contact is representing _____

Your contact's address _____

Day telephone _____ Fax _____

Evening telephone _____ Email _____



3600 Market Street, Suite 400, Philadelphia, PA 19104-2651 USA • +1 (215) 222 8454 • www.cgfns.org