



Registration and Release Form

Important: Type or print legibly. Any inaccuracies on this form may be reflected on trainee, participant, or instructor transcripts, training, and assessment records.

ATS/AAC Name: _____

Check one: Trainee Participant Instructor Performance Evaluator

Name: _____

SS#/NCCER Card #: _____ *(numbers other than SS# must be obtained from the Registry Department)*

Job Title: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

I hereby authorize the NCCER Registry Department to verify information in my training records to Sponsor Representative/ Primary Administrator upon request. I release and hold harmless NCCER for this verification process.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if required)

OPTIONAL

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

NOTE: To be entered in NCCER's Automated National Registry, you must complete and sign this Registration and Release form. This form must either be forwarded by your ATS/AAC to NCCER's Registry Department, or the ATS/AAC may choose to maintain the Registration and Release forms locally and provide the Registry Department with a blanket release form letter. This letter must include the signature of the Sponsor Representative/Primary Administrator or other authorized officer of the ATS/AAC.

Reports containing trainee/participant information, including score sheets, training prescriptions, and transcripts, should **NOT** be distributed without properly documented release information from the trainee/participant.

Mail / fax to: NCCER - Registry Department
13614 Progress Boulevard • Alachua, FL 32615
P 888.622.3720 ext. 6914/6916/6917/6918 • F 386.518.6255