

AUTHORIZATION TO RELEASE INFORMATION

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

This authorization will remain valid for two years from the date written below (or if none, from the date this authorization is received by CGFNS/ICHP).

REVOCATION: 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/ICHP receives your written revocation by regular mail or courier at its headquarters office in Philadelphia, PA, USA.

AUTHORIZATION: I authorize CGFNS/ICHP to release to the below-named authorized agent any and all information about me and my application/order for services from CGFNS/ICHP, 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/ICHP. **I understand that all mail (including certificate, exam scores and reports) will be sent to the authorized agent.**

This authorization revokes all previous authorizations submitted by the applicant.

CGFNS/ICHP ID number (if known)

Birth date (MD/YR)

Sign name (as it appears
on your application/order)

Print name

Date (MD/YR)

AUTHORIZED AGENT

Print contact name

Print organization name

Print address

Telephone: Day

Fax number

Evening number

E-mail
