



RELEASE OF INFORMATION

*Instructions: Complete this form while in the presence of a notary. Return to FACTS.
This form will authorize FACTS to share your information with an Authorized Representative third party.*

I, _____ (*printed name*), grant permission for FACTS to release to the Authorized Representative named below, and information regarding my application for services from FACTS. This includes the status of my services, the status of any credentials review, examination or test, and any other information in my file at FACTS.

APPLICANT SIGNATURE

APPLICANT DATE OF BIRTH (MM/DD/YYYY)

FACTS FILE NUMBER

AUTHORIZED REPRESENTATIVE

Name of Representative: _____

Representative's E-mail Address: _____

Expiration of Authorization

Please specify a date for which this authorization will expire, if applicable. Without a provided expiration date, this authorization will be valid until revoked in writing. You have the ability to revoke this authorization at any time by providing written notice to FACTS.

Expiration date (*MM/DD/YYYY*): _____

NOTARY USE ONLY

Subscribed and sworn to before me, this _____ day of _____, 20____, in the

Country of _____, State of _____, City of _____

SIGNATURE & SEAL OF NOTARY

