

# Authorization for Release of Information



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**Print and complete this form. E-mail, mail or fax to the attention of the Certification Department.**

I hereby authorize staff and assignees of WorldatWork and WorldatWork Society of Certified Professionals to release information from my records as specified below. This information is to be released only to the person or organization specified in the "Recipient Information" section on this form. I hereby release all such persons from liability on account of having furnished such information.

## Customer Information

(All Fields Required)

Premier Member I.D.

NAME Dr. | Mr. | Mrs. | Ms FIRST MIDDLE LAST Jr. | Sr. | Ph.D | Etc. CCP | CBP | GRP | WLCP

SIGNATURE DATE

## Recipient Information

(All Fields Required)

NAME Dr. | Mr. | Mrs. | Ms FIRST MIDDLE LAST Jr. | Sr. | Ph.D | Etc. CCP | CBP | GRP | WLCP

TITLE ORGANIZATION

ADDRESS

CITY STATE | PROV ZIP | POSTAL CODE COUNTRY

BUSINESS TELEPHONE BUSINESS FAX E-MAIL

## Information to Release

(Check all that apply.)

- Official transcript – including exam titles and dates, exams passed and/or not passed, and exam scores.
- Certification date(s) and status
- Recertification status
- Course/seminar purchase history
- Other (please specify) \_\_\_\_\_