**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

By signing this form, you are authorizing ASHRAE Certification to release otherwise confidential certification information to one or more people whom you designate. Please read carefully. We will gladly answer any questions.

I authorize ASHRAE Certification to: *(Check all that pertain)*

􀁆 Discuss otherwise confidential information pertaining to my certification

􀁆 Transmit a copy of my otherwise confidential certification record

􀁆 Transmit a letter or summary containing my otherwise confidential information

I authorize the release of the information specified above to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information is released for the following purpose(s):

􀁆 Employment opportunity

􀁆 Academic opportunity

􀁆 Legal Matter

􀁆 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have authorized us to discussconfidential information, specify the period during which we may communicate with the person(s) listed above, by checking the appropriate box below:

􀁆 I authorize ongoing communication unless I revoke this consent.

􀁆 I authorize communication only until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify date).

***Other restrictions or limitations on information to be released (specify):***

􀁆 No other limitations

I understand that I do not have to agree to release confidential information, and that I may withdraw this consent at any time except insofar as action has already been taken in reliance thereupon. A facsimile or electronically submitted copy of this form will be regarded as valid as the original.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Approved 12/18/13