



**FCCPT RELEASE OF INFORMATION
AUTHORIZATION LETTER***

I, _____, GRANT PERMISSION TO FCCPT TO RELEASE TO THE AUTHORIZED REPRESENTATIVE, (NAMED BELOW) ANY INFORMATION ABOUT MY APPLICATION FOR SERVICES FROM THE FCCPT, INCLUDING THE STATUS OF MY APPLICATION, THE PROCESS TOWARDS ANY CREDENTIALS REVIEW, EXAMINATION OR TEST, AND ANY OTHER INFORMATION IN OR RELATING TO MY FILE AT FCCPT.

SIGNATURE OF APPLICANT _____

PRINTED NAME _____

APPLICANT'S DATE OF BIRTH _____

APPLICANT IDENTIFICATION _____

Final reports and certificates will be sent to the applicant, not this representative!

AUTHORIZED REPRESENTATIVE

Name of Representative _____
(Name of a person not agency)

Telephone: _____

E-Mail: _____

Notary Seal and Signature:

Date: _____

*** Due to federal confidentiality laws, FCCPT is not permitted to release information to any third party, without permission. This includes family members.**