



## Authorization to Release Information

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

This authorization will remain valid for two years from the date entered below (or if no date is entered, from the date this authorization is received by ICD).

**REVOCATION:** This authorization can be revoked by submitting a new authorization that is dated and signed subsequent to the previous authorization.

In addition, you may revoke this authorization at any time, in writing, which will become effective on the 30th day after ICD receives your written revocation at its headquarters office in Philadelphia, Pennsylvania in the United States. **Note:** Faxed and emailed forms will not be accepted.

**AUTHORIZATION:** I authorize ICD to release, to the below-named authorized agent, any and all information about me and my ICD application, including without limitation, the status of my application/file; the results of any credentials review, examination or test; and any other information in, or relating to, my ICD file. **I understand that all mail will be sent to the authorized agent.**

This authorization revokes all previous authorizations submitted by the applicant.

### 1 Your ICD file number

### 2 Your birth date (Spell the month and enter numbers for the day and year)

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 3 Your signature

Signature (name you entered on this application)	
<input type="text"/>	
Print name	
<input type="text"/>	
Title	Date
<input type="text"/>	<input type="text"/>

### 4 Your authorized agent

Print authorized agent's name		
<input type="text"/>		
Authorized agent's organization		
<input type="text"/>		
Address		
<input type="text"/>		
City		
<input type="text"/>		
State/Province	Post code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (include country code)	Fax (include country code)	
<input type="text"/>	<input type="text"/>	
Evening telephone	Email	
<input type="text"/>	<input type="text"/>	