International Consultants of Delaware

GLOBAL CREDENTIALS EVALUATION SERVICES

A Charter Member of NACES®

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 and (2) 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.

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

3 Your signature

______________________________ Signature (name you entered on this application)

______________________ Date

______________________________ Print name

______________________ Phone Number

______________________ Email Address

4 Your authorized agent

______________________________ Print authorized agent's name

______________________________ Authorized agent's organization

______________________________ Address

______________________________ City

______________________ State/Province

______________________ Post Code

______________________ Country

______________________ Telephone (include country code)

______________________ Fax (include country code)

______________________ Evening telephone

______________________ Email