



Protecting the Citizens
of Florida

Florida Certification Board
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Authorization to Release Information

Date: _____

Applicant's Name: _____

Application Type: _____

I hereby authorize the Florida Certification Board (FCB) to release the Application Portfolio information listed below to the following individual(s):

Name	Relationship

The FCB may release to the foregoing individual(s) any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Demographic Information | <input type="checkbox"/> Training Verification Information |
| <input type="checkbox"/> Background Information | <input type="checkbox"/> Work Verification Information |
| <input type="checkbox"/> Supervision Verification Information | <input type="checkbox"/> Supervision Evaluation Information |
| <input type="checkbox"/> Education Information | <input type="checkbox"/> Exam Information |
| <input type="checkbox"/> Colleague Evaluation/Recommendations | <input type="checkbox"/> Renewal Information |

I understand that an authorization to release my Application Portfolio information will remain valid until I revoke it.

Signature