



# Florida Certification Board Authorization to Release Information

---

## CONFIDENTIALITY POLICY

The Florida Certification Board maintains a strict confidentiality policy. All personal information, notes, reports, transcripts and documentation of any kind generated or received during the course of application for certification, certification examination, and certification award and renewal shall be kept confidential by the FCB. The FCB will not release any confidential information or material to any third party without the express written consent of the applicant or certified professional.

## DIRECTIONS

The *Authorization to Release Information* form gives permission to FCB to release specific information to a third party, which the applicant or certified professional identifies. Release of information will remain in effect until FCB is notified in writing that the applicant or certified professional wishes to revoke authorization. All information must be TYPED. Handwritten forms will be denied.

Upon completion, please submit the form directly to the FCB via mail, email or fax. A copy of the *Release of Information* form will be maintained in the applicant or certified professional's file.

**Mail:** Florida Certification Board  
Attn: Certification Operations  
1715 South Gadsden Street  
Tallahassee FL 32301

**Email:** Certification Specialist's email or  
admin\_assist@flcertificationboard.org  
**Fax:** 850-222-6247  
**Subject Line:** Release of Information (applicant name)



# Florida Certification Board Authorization to Release Information

All information must be typed. Handwritten forms will be denied.

<b>Section 1 – Contact and Demographic Information.</b> Please be sure this information matches the primary contact information in your FCB profile.	
<b>Last Name:</b>	<b>First Name:</b>
<b>Phone Number:</b>	<b>Email Address:</b>
<b>Mailing Address:</b>	
<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
<b>Section 2 – Release of Information specifics.</b> Please indicate the credential, individuals and information for release.	
<b>Credential Seeking/Held:</b>	
<b>Individual(s) to Release Information to:</b>	
<b>Name</b>	<b>Relationship</b>
<b>The FCB may release to the foregoing individual(s) any of the following information:</b>	
Demographic Information	Training Verification Information
Criminal History Background Information	Work Experience Verification Information
Formal Education Information	On-the-Job Supervision Verification Information
Recommendations for Certification Information	Exam Information
Renewal Information	Other _____
<b>Section 4 – Signature</b>	
I hereby authorize the Florida Certification Board (FCB) to release the information indicated above to the individual(s) listed. I understand that an authorization to release information will remain valid until such time as I request revocation of the authorization.	
<b>Signature</b>	<b>Date</b>