Health & Professional Certification Projects

AUTHORIZATION TO RELEASE TEST RESULTS

All results on any certification/licensure exams offered through the CareerTech Testing Center, a division of the Oklahoma Department of Career and Technology Education, are forwarded to each respective agency for inclusion in databases, applications records, etc...

I, _____, authorize the release of any of my results to
(Candidate's Name)

_____ from _____ .
(Name of Individual)   (Organization/Facility)

Candidate's Name: _____

Candidate's Address: _____

Candidate's City/State/Zip: _____

_____   _____
(Candidate's Signature)   (Date)

_____   _____
(Parent/Legal Guardian's Signature) – if candidate is under 18   (Date)

Notary Seal/Stamp (Required for mail requests)

Name of Witness: _____

Witness Signature: _____

NOTE: For requests made in person, the HCP test center coordinator must witness the Candidate's Signature on this form. Mail requests must have the Candidate's Signature notarized by an Oklahoma Notary Public. Mail requests may be sent to:

CareerTech Testing Center
c/o Oklahoma Dept. of CareerTech
Attn: Jennifer Palacio
1500 W. Seventh Avenue
Stillwater, OK 74074