



AUTHORIZATION TO RELEASE INFORMATION

I, _____, (grantor) residing at

_____ do hereby

authorize the release of information regarding my certification through the National Doula Certification Board, a 501c6 organization, operating under the laws of the State of Colorado.

The information may be released to: _____ for the purpose of: _____

_____ and must be used solely for that purpose and in compliance with applicable laws.

This authorization for release of information shall be in effect until

_____ revoked in writing by the grantor/Or by _____ date.

Signature of Grantor

Date

NDCB Board Representative Date