AUTHORIZATION TO RELEASE TEST RESULTS

I, _____ , authorize the CareerTech Testing Center, a division of the
(Candidate's Name)

Oklahoma Department of Careertech to release my test results to _____
(Name of Individual)

from _____
Organization/Facility - Email Address

Candidate's Name: _____

Candidate's Address: _____

Candidate's City/State/Zip: _____

_____   _____
(Candidate's Signature)   (Date)

Name of Witness: _____

Witness Signature: _____
 (if under 18, must be parent/guardian)

Notary Seal/Stamp
(Required for mail requests)

NOTE: For requests made in person, the CTTC - Health and Professional
Certification Project 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 - Health & Professional Certification Project
c/o Oklahoma Department of Career and Technology Education
1500 W. Seventh Avenue
Stillwater, OK 74074

Revised 11/10/2010