



CONSENT FOR INFORMATION RELEASE

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ WORK PHONE: () _____

MOBILE PHONE: () _____ EMAIL: _____

PTA GLOBAL CERTIFICATION NUMBER (if applicable): _____

Information to Be Released:

SIGNATURE: _____ DATE: _____

Please fill in the necessary information to be released, sign, date and mail, email, or fax this form **with** a photocopy of your Driver's License, Passport, or Military ID to the PTA Global Certification Board at the address listed below:

PTA Global Certification Board
32107 Lindero Canyon Rd. #233
Westlake Village, CA 91361
Email: certificationboard@ptaglobal.com