

AUTHORIZATION FOR RELEASE OF RESULTS



Website: www.natex.org | Phone: 877-420-6283 (NATE) | Address: 2311 Wilson Blvd., Suite 410, Arlington, VA 22201



By including my signature below, I authorize NATE to transfer my test results and certification information to:

Date of Test Session: _____ Testing Organization Number: _____

Name (print): _____ NATE ID #: _____

Signature: _____

Name and Address of Third Party: _____

Name (print): _____ NATE ID #: _____

Signature: _____

Name and Address of Third Party: _____

Name (print): _____ NATE ID #: _____

Signature: _____

Name and Address of Third Party: _____

