



Authorization for Release of Pass/Fail to a Third Party

2311 Wilson Blvd. Suite 410
Arlington, VA 22201
Questions? Call 877.420.6283 (NATE)
www.NATEX.org

By the affixing of my signature below, I hereby give release and authority to NATE to transfer my test results and certification info to:

Date of Test Session _____ Testing Organization Number _____

I further understand that my results and certification status will not be transferred outside the above agency or NATE unless released in writing by me.

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 _____
