# Authorization to release information for Professional Credentialing

 I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission to XXXX to use my name, contact information and hours of coaching towards any of her credentialing processes as a coach.  I further permit those credentialing agencies to contact me for verification of the information she provides.  This permission will remain in effect until specifically canceled by me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date