



### Authorization to Release Personal Information

By completing this form, you are giving your consent to the Board of Certified Safety Professionals to release personal information relating to the following certification(s):

- CSP     ASP     GSP     OHST/CLCS     CHST     STS

1) I hereby give my permission to release any or all of the following information:

- Mailing Address     Email Address(es)     Phone Number(s)
- Application form     Examination Score report
- Experience forms for my position(s) at \_\_\_\_\_
- \_\_\_\_\_
- Other (please specify) \_\_\_\_\_
- \_\_\_\_\_

2) I hereby give my permission for the information I have referenced above to be released to:

First Name	MI	Last Name
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3) Please select the method in which BCSP is to release the requested information:

- Email \_\_\_\_\_  
Email Address
- Fax \_\_\_\_\_  
Fax Number
- Postal Mail \_\_\_\_\_  
Address
- \_\_\_\_\_
- \_\_\_\_\_
- City, State, Zip

4) I understand that by signing this form I am authorizing the release of my personal information as instructed above.

Print Name: \_\_\_\_\_ Credential # (if applicable) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail, FAX or email completed form to:

BCSP  
2301 W. Bradley Ave.  
Champaign, IL 61821  
FAX: +1 217-359-0055  
Email: [customerservice@bcsp.org](mailto:customerservice@bcsp.org)