



Release of Information Form

I, _____, an employee of Edward Rose of Indiana, consent to allow AC/C TECH to release all transcript information as well as test scoring to my employer. I understand that my consent is required in order to participate in the AC/C TECH training at the Company's expense. I further understand that my consent is required in order to use the AC/C TECH online training materials, and that the online training is solely for my use, and I agree to keep the access code and training information confidential.

Signature: _____

Printed Name: _____

Date: _____