

REGISTERED COURSE PARTICIPANT RELEASE FORM



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American Industrial Hygiene Association

It is AIHA's Education Department's policy not to release participant information to any individuals other than the registered course participant themselves. If information is to be release to any individual other than the registered course participant this form must be completed and submitted to AIHA's [Education Department.](#)

Registered Course Participant Name: _____
Phone: _____
E-mail: _____

I hereby grant AIHA's Education Department Staff to release my student information to:

Name: _____
Phone: _____
E-mail: _____

I understand that this information may include any or all of the following unless otherwise noted below:

- Contact Information
- Payment Information
- Course Information
- Enrollment Date
- Attendance Information
- Completion Date
- Pass/ Fail/ Extensions
- Score/ Grade
- Certification Maintenance Information
- Duplicate Certificates of Completion

Information not to be disclosed:

Signature

Date