

Authorization for Release of CTWS Exam Results Form

I, _____
Name of Examinee (Please Print Legibly)

authorize the release of my CTWS Exam Results from _____ to:
CTWS Exam Date

Name

Agency

Address

City

State

Zip Code

Phone

Fax

- Please mail my results to the above agency address.
- Please fax my results to the number listed above. It should be sent to the attention of _____.

I specifically authorize the release of my CTWS Exam Results to the person/agency mentioned above.

Examinee Signature

Date

Phone

FOR CTS Use Only

The above mentioned examinee:

- Passed the CTWS Exam on _____ and is certified until _____.
- Failed the CTWS Exam.
- No CTWS Exam Results on file.

CTS Official

Date