

**NOTIFICATION FORM #2 – CONSULTANT AUTHORIZATION**

I, \_\_\_\_\_ (name of institution owner), of legal age and free of any conditions or disability that would inhibit this action, owner of \_\_\_\_\_ (name of institution) (NACCAS Ref.# \_\_\_\_\_), hereby authorize the National Accrediting Commission of Career Arts & Sciences, Inc. (NACCAS) to release any and all information pertaining to the accreditation of this institution with NACCAS to the consultant or consultants listed below:

**CONSULTANT INFORMATION**

Name of Person(s)	Telephone Number	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

This authorization shall continue until I notify NACCAS, in writing, of its termination.

**NOTICE:** This authorization does not confer any agency authority to the constituent(s) listed above. Additionally, NACCAS may restrict the information released to consultants as it deems necessary or appropriate.

In witness whereof, I \_\_\_\_\_, execute this release at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

\_\_\_\_\_

Signature

**Notary Witness**

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_ in and for \_\_\_\_\_ County, \_\_\_\_\_ State.

My Commission expires: \_\_\_\_\_.