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

<table>
<thead>
<tr>
<th>Name of Person(s)</th>
<th>Telephone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________</td>
<td>________________</td>
<td>______</td>
</tr>
<tr>
<td>__________________</td>
<td>________________</td>
<td>______</td>
</tr>
<tr>
<td>__________________</td>
<td>________________</td>
<td>______</td>
</tr>
</tbody>
</table>

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: _________________________________.