

**NOTIFICATION FORM #3**

**LIMITED AUTHORIZATION FOR RELEASE OF INFORMATION**

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 allow the person or persons listed below to review any and all information pertaining to the accreditation of this institution with NACCAS.

**NOTICE:** NACCAS may restrict the information made available to the person or persons listed below as it deems necessary or appropriate:

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

This authorization shall expire on the \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

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, \_\_\_\_\_.

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