



# Request and Authorization for Release of Information

**Please type or print information to send to third party. Scores are automatically provided to PA. Duplicate as needed.**

## Section 1: Identification

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ NCCPA Identification # \_\_\_\_\_

## Section 2: Exam Information

Indicate which exam and examination period you're requesting information. One request per form.

- ☐ PANCE (Physician Assistant National Certifying Exam)  
☐ PANRE (Physician Assistant National Recertifying Exam) Pathway II

Year: \_\_\_\_\_

## Section 3: Information Request

Indicate the nature of this request and the person or agency to whom it should be sent.

- ☐ Eligibility letter, verifying that you are eligible for and registered to take the above exam  
☐ Exam results

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Section 4: Signature and Authorization

Each state licensing authority sets its own rules and regulations. We will only send the requested information, which may consist of current scores and/or score history, to the person or agency listed above. It is your responsibility to stay up-to-date on individual requirements.

I acknowledge that I have read and understand the above statement and authorize NCCPA to release all information required by the agency listed above.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Please remember that it is your responsibility to update state medical boards, your employer(s) and other interested parties of any changes in your certification status.