

National College for DUI Defense, Inc.

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Release of Identity to Fellow Applicants

I, _____, having filed an application for **Board**
PRINT OR TYPE NAME
Certification hereby authorize and give my consent to The National College for DUI Defense, Inc., including, but not limited to, its Committee on Certification, (hereinafter collectively referred to as the "National College"), to release my identity and the following indicated information to other applicants sitting for the certification examination so that I may be contacted regarding forming a study group or for other consultation. Accordingly, I consent to the National College for DUI Defense, Inc. releasing

- My name
- My office phone number (_____) _____
- My email address _____

to other applicants.

Signature of Applicant: _____

Date Signed: _____

The undersigned, a Notary Public in and for the County of _____, in
the State of _____, certifies that _____,

APPLICANT NAME

with whom I am personally acquainted, appeared in person, and before me
SUBSCRIBED and acknowledged that he or she executed the foregoing document for
the purposes therein contained, this _____ day of _____,
20____.

Notary Public

Stamp or Seal

Printed Name

My commission expires _____, 20____.