

**FORM (A.4) – CONSENT TO RELEASE OF INFORMATION**

I give permission to the International Gambling Counselor Certification Board to request information from my listed supervisors and colleagues to determine my professional competence and ethical character.

I give permission to the International Gambling Counselor Certification Board to consult with the supervisors and/or colleagues listed below who may have information on my competence and ethical standards of behavior:

**Supervisor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**BACC Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**Colleague 1 Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**Colleague 2 Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

I consent to the International Gambling Counselor Gambling Certification Board to inspect any documents or records necessary to determine my “acceptable standard” for certification.

I hereby release from any liability all representatives of the International Gambling Counselor Certification Board and all individuals and organizations who provide information to the International Gambling Counselor Certification Board while acting in good faith, to determine my credentials and character.

I am aware that any false or misleading information deliberately given will be considered a serious matter, and may lead to denial or revocation of certification and will be dealt with accordingly.

**Applicant's Name (Please print or type):** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Return forms **A.1, A.2, A.3, and A.4** DIRECTLY to:

---

International Gambling Counselor Certification Board  
730 11th Street, NW Suite 601 ♦ Washington DC 20001