



AMERICAN INSTITUTE OF PROFESSIONAL GEOLOGISTS

NATIONAL HEADQUARTERS
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Information Release Form

Please read this form carefully. Omitting information will delay the release of your records.

Section 1. This form provides written permission for the American Institute of Professional Geologists (AIPG) to release information regarding my application to and membership in AIPG. This form is intended for use in providing information to state licensure boards (e.g. New York) and other licensing or certifying organizations (e.g. ASBOG) for the purpose of verification of membership in AIPG and/or to verify work experience and education. My signature on this form allows AIPG to release the confidential information indicated in Section 2 to the listed party or parties in Section 3.

Name: _____

Address: _____

Phone: _____ Email: _____

Section 2. Please release the following information (boxes must be marked):

- Application materials submitted by me to AIPG
- Geologic experience verification forms (3)
- Sponsors' statements (3+)
- Academic transcripts
- Attestation letter (this is not confidential and can be requested at any time)

Section 3. Please send the information to:

Name of Organization/Person: _____

Physical Address: _____

Phone: _____ Email: _____

Point of Contact (if known): _____

Name of Organization/Person: _____

Physical Address: _____

For office use only:

Phone: _____ Email: _____

Point of Contact (if known): _____

Name of Organization/Person: _____

Physical Address: _____

Phone: _____ Email: _____

Point of Contact (if known): _____

Section 4. I would like my records to be sent by

- Email
- USPS mail - \$5.00 shipping/handling per addressee. Include payment information in Section 6.
- Fax – Please note the fax number(s) in Section 6.

Section 5. This form will be valid for 3 months from the date of signature and is valid only for the release of information to specified parties.

Please initial below:

_____ I understand that this form will release my records to the organizations or persons that I list.

_____ I understand that this release does not provide me the right to examine my records.

_____ I understand that this form will be valid for 3 months from the date of signature.

_____ I release AIPG from liability for the exchange of this information.

Signature: _____

Date: _____

Please return this form to aipg@aipg.org or mail to:
AIPG, 12000 Washington Street, Suite 285, Thornton, CO 80241.

Section 6. Additional Comments:

For office use only: