**National College for DUI Defense, Inc.**

445 S. Decatur Street

Montgomery, Alabama 36104

Telephone: (334) 264-1950

Fax: (334) 264-1920

www.ncdd.com

email: rhea@ncdd.com

**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 “NationalCollege”), 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

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\_\_\_\_\_.