



Release of Information Form

June 2016

Use this form to authorize the release of your contact information.

Name: _____

Registry ID#: _____

Phone Number: () _____

Email Address: _____

By signing below, I grant The Nevada Registry permission to release my name and contact information to organizations that would like to notify me of upcoming training events, special offers/events, membership prizes, limited scholarship opportunities, etc.

Note: As a policy, the Registry does not release any personal information about members. If you sign below, the ONLY information provided to agencies will be your name, email address and/or home mailing address. Career ladder levels, employment information, or any other personal information contained in your career development file will not be released.

Signature: _____

Date: ____/____/____

Mail, fax or email this form to:
The Nevada Registry, 240 South Rock Blvd., Ste. #143, Reno, NV 89502
Fax: (775) 857-3158
Email: nevadaregistry@washoeschools.net

