

## NARM CPM Information Release Form

*This form must be filled out completely in English in black ink or typed.*

Upon request from outside parties, NARM will confirm the current status of any CPM credential, along with the date of credential issuance. No further information may be shared with outside parties without written consent from the CPM.

If you wish for NARM to share your information with outside parties, please complete the information below and submit this form to the NARM Applications Department.

I, the undersigned, grant permission to NARM to release my name as a CPM, including the contact information listed below, CPM number, and CPM expiration date.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last 4 digits of Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Mailing Address\*: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

\*The address where you can most easily be reached.

Primary phone #: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email address: \_\_\_\_\_

CPM #: \_\_\_\_\_ CPM Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that to revoke this permission, I must notify NARM in writing.

This form will be in effect once received by NARM.

Please submit this completed form by either fax, email, or mail to:

NARM Applications  
P.O. Box 420  
Summertown, TN 38483  
888-842-4784 (fax)  
applications@narm.org

Requests mailed to other NARM offices will not be forwarded.

Please keep a copy of everything you send to NARM for your records.