

Verification Letter Release Form

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

If you wish for NARM to submit a verification letter of your written examination results and/or CPM certification status to an outside party, such as a state licensure agency or midwifery school, please complete the information below and submit this form to the NARM Applications Department.

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: _____

I, the undersigned, grant permission to NARM to release my written examination results and/or CPM credential status to the following:

The midwifery licensure agency for the State(s) of: _____

A midwifery school or third party: _____

Email address: _____

Mailing address: _____

Signature: _____ Date: _____

I understand that to revoke this permission, I must notify NARM in writing. I understand that I must submit a new form for any future verification letter requests.

You may submit this completed form by:

- email to applications@narm.org;
- fax to 888-842-4784; or
- mail to

NARM Applications
P.O. Box 420
Summertown, TN 38483

Requests mailed to other NARM offices will not be forwarded.

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