

Council for Homeopathic Certification
PMB 187, 17051 SE 272nd Street Ste. #43
Covington, WA 98042

STUDENT CONSENT TO RELEASE EDUCATIONAL RECORDS

Please PRINT clearly.

I, _____,

hereby consent to the release of the CHC Phase I and Phase II Examination results to:

The Texas Institute for Homeopathy
1406 Brookstone
San Antonio, TX 78248-1425
(210) 492-3162 phone
(210) 492-9152 fax
e-mail: texashomeopathy@aol.com

I understand that these test scores may not be released without written authorization from myself and that my signature affixed below constitutes such authorization.

(Signature of Student)

(Date)