

Authorization to Release HRCI Exam Results

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

HRCI exam: _____ Testing date: _____

By signing below, I hereby authorize the HR Certification Institute (HRCI) to release my pass/fail test result for the above-named exam to the Virginia Department of Veteran Services State Approving Agency. This authorization will remain valid for one (1) year from the date of signature.

Signature

Date