



THE NATIONAL EXERCISE & SPORTS TRAINERS ASSOCIATION EXECUTIVE CERTIFICATION BOARD

CONSENT FOR INFORMATION RELEASE

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

STREET ADDRESS: _____

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CERTIFICATION NUMBER (IF APPLICABLE): _____

INFORMATION TO BE RELEASED: _____

SIGNATURE: _____ DATE: _____

Please sign and return this form with a photocopy of your ID to NESTA at the address listed below.

NESTA Executive Certification Board
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Rancho Santa Margarita, CA 92688
fax: 949-589-8216