Birkman Report Release Authorization

Please complete as many blanks as possible.

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

My Full Name: ______________________________

Maiden Name (if applicable): ______________________________

My Birkman Report Number: ______________________________

Company I took the Birkman for previously: ______________________________

Company the results should go to now: ______________________________

Attention: ______________________________

I hereby authorize Birkman International, Inc. to release my Report information to the abovementioned company.

______________________________ ______________

Signature **Date**

MAIL OR FAX TO:

Birkman International, Inc.
3040 Post Oak Blvd., Suite 1425
Houston, TX 77056
Phone: (713) 623-2760
Fax: (713) 963-9142