

**ALPP
Release of Exam
Results**

**Certified Lactation
Counselor (CLC)**

Send to:

Academy of Lactation
Policy and Practice
Dept Release of Exam
Results
PO Box 1288
Forestdale, MA
02644

**Customer
Service**

Phone
508 833-1500
Fax
508 833-6070

Please make sure form
is filled out completely
and signed.

Authorization for Release of CLC Exam Results

I, _____
Name of Examinee (Please Print Legibly)

CLC Exam Location

Exam Date

authorize the release of my CLC Exam Results to

Name

Agency

Address

City State Zip Code

Phone Fax

- Please mail my results to the above agency address.
- Please fax my results to the number listed above. It should be sent to the attention of _____.

I specifically authorize the release of my CLC Exam Results to the person/agency mentioned above.

Examinee Signature Date Phone

For ALPP Use Only

The above mentioned examinee:

- Passed all CLC competencies including the CLC Exam on _____ and is certified until _____.
- Failed the CLC Exam.
- Failed the LAT Competency.
- No CLC Exam Results on file.
- Certificate expired on _____.

Zhenya Raleigh, Director Date