



TOLEDO HEATING AND
AIR CONDITIONING
CONTRACTORS
ASSOCIATION

RECORDS RELEASE AUTHORIZATION FORM

I AM A MEMBER OF THE THACCA APPRENTICESHIP PROGRAM AND
HEREBY GIVE AUTHORIZATION TO RELEASE A COPY OF MY RSES DIPLOMAS TO
THE THACCA APPRENTICESHIP COMMITTEE TO BE PLACED IN MY FILES. I
FURTHER CONSENT TO THE RELEASE OF MY ATTENDANCE RECORDS.

NAME (Print)

SSN:

SIGNED

DATE
