

NOTIFICATION FORM #2 – CONSULTANT AUTHORIZATION

I, _____ (name of institution owner), of legal age and free of any conditions or disability that would inhibit this action, owner of _____ (name of institution) (NACCAS Ref.# _____), hereby authorize the consultant or consultants listed below to represent this institution on my behalf for all matters related to accreditation with the National Accrediting Commission of Career Arts & Sciences, Inc. (NACCAS):

CONSULTANT INFORMATION

Name of Person(s)	Telephone Number	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

This agency shall continue until I notify NACCAS of its termination:

In witness whereof, I _____, execute this release at _____ on the _____ day of _____ (month), _____ (year).

Signature

Notary Witness

Sworn and subscribed to before me this _____ day of _____, 20_____.

Notary Public _____ in and for _____ County,_____.
My Commission expires:_____.