



ACCESS TO CLASSIFICATION INFORMATION FORM

Updated Jan 2023

Preferred family/last name(s)	Preferred given/first name(s)	Middle name/s
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth (Month/day/year)	Gender	Team
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

<input type="text"/>
<input type="text"/>

Telephone (home)	Telephone (work)	Telephone (mobile/cell)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email	Fax
<input type="text"/>	<input type="text"/>

Event where classification last occurred	Date (Month/day/year)
<input type="text"/>	<input type="text"/>

Intended recipient(s) of classification information	Designation/role
<input type="text"/>	<input type="text"/>

Declaration
I consent to the disclosure of information relating to my classification examination to the designated recipient(s) as listed above.
Note: Due the confidential nature of this information, classification documentation will only be accessed and released directly to the athlete, when requested by mail or electronically.

Athlete signature

<input type="text"/>

Witness/guardian/coach/team representative signature (if athlete is a minor)

<input type="text"/>

Date

<input type="text"/>

An administrative fee may be assessed to cover the costs of sending forms through regular paper mail.