

## CANDIDATE CONSENT & RELEASE FORM

I hereby certify and declare that the information contained in my (ISC)<sup>2</sup> application is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate revocation of my application and/or certification and a permanent prohibition against me ever applying for another certification in the future.

In consideration of the non-profit organization International Information System Security Certification Consortium, Inc.'s (hereinafter "(ISC)<sup>2</sup>") review of my application for full certification, I hereby voluntarily consent to and authorize (ISC)<sup>2</sup>, or its authorized agents bearing this release or copy thereof, to investigate my background for certification purposes. I agree that this investigation may include any of the following:

- Employment verification
- Education verification
- Credentials verification
- Past Employment verification

I authorize all persons and organizations that may have information relevant to the research to disclose such information to (ISC)<sup>2</sup> or its authorized agents. I hereby release (ISC)<sup>2</sup>, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature regarding this research.

I also understand that this information, along with my endorsement application, and other requested or required forms, certificates, documents, letters and/or other papers or information including any product of this background investigation may become part of my application file with (ISC)<sup>2</sup>, regardless of the outcome of this investigation and/or my final status as an applicant. Notwithstanding this, (ISC)<sup>2</sup> will release information collected pursuant to this research only with affiliated third-parties, with whom it has a contractual relation, for the express purpose of processing said information or as required by law, by any governmental or regulatory authority, or by a court or other authority of competent jurisdiction.

I am entitled to review, at my expense, any information obtained by (ISC)<sup>2</sup> during this background investigation. I hereby authorize that a photocopy of this authorization may be considered as valid as the original consent and release form. This agreement is valid for a period of one (1) year from the date of execution.

**FOR APPLICANTS LOCATED OUTSIDE OF THE UNITED STATES:** I consent to the transfer of the data described above to (ISC)<sup>2</sup> or its authorized agents solely for the purpose of (ISC)<sup>2</sup> to investigate and review my application for certification including contacting the third parties identified in my application. I acknowledge that (ISC)<sup>2</sup> is based in the United States, and such data will be transferred from my home country to the United States for processing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Candidate/Exam ID #