

WRC RELEASE OF CLASSIFICATION INFORMATION FORM

Preferred family name(s)

Preferred given name(s)

Team

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Date of birth

Gender

Nationality

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Address

Telephone (home)

Telephone (work)

Telephone (mobile/cell)

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E-mail

Fax

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Event where classification last occurred

Date

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Intended recipient(s) of classification information

Designation/role

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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 released directly to the athlete, when requested by mail or electronically.

Athlete signature

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

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Date

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