STUDENT PRIVACY WAIVER

Date: _____

Name: _____ I-CAR ID Number: _____

Individual Information:

Home Address: _____ Apt. Number: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Phone Number: _____ E-Mail: _____

Waiver:

I (name) _____ , hereby authorize I-CAR to release my I-CAR training transcript information to the following organization. I understand that I may rescind this waiver at any time providing a written notice.

Business Name: _____

Business Address 1: _____

Business Address 2: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Phone Number: _____

☐ The organization listed above is my current employer
☐ The organization listed above is an organization other than my current employer

Signature: _____ Date: _____

Fax or mail this document along with a copy of a government or ministry issued photo ID to I-CAR to have your request processed.

MAIL OR FAX TO:
I-CAR Training Support Center
5125 Trillium Blvd.
Hoffman Estates, IL 60192
Attn. Customer Care / Student Information Release
Fax: 800.590.1215
Email: customercare@i-car.com