



American Reflexology Certification Board

Setting the highest testing standards to which professional reflexologists aspire since 1991



Authorization to Release Educational Records

Please complete this form and send it with the appropriate Foot or Hand Reflexology School Verification Form to your reflexology school or instructor for release of your educational records.

Your school or instructor will return the completed Verification Form directly to the ARCB offices.

DO NOT SEND THIS FORM TO ARCB WITH YOUR APPLICATION.

To: School/ Instructor Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

From: Your Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

I am a former student and I am applying to test with the American Reflexology Certification Board (ARCB). I authorize and request that you complete and send the enclosed School Verification Form to the ARCB:

By mail: ARCB, Po Box 576, Braddock Heights, MD 21714

By e-mail: Scan and email to ARCBoffices@gmail.com

Thank you for your immediate attention to this matter.

Student's signature: _____ Date: _____