



# Online Wellness Association

## CREDENTIAL SOURCE

Applicant

Approval Date

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### AUTHORIZATION FOR SOURCE TO RELEASE INFORMATION TO ONLINE WELLNESS ASSOCIATION (OWA)

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Name & Address of Information Source – Please Print or Type:

Relationship to Applicant:

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I hereby authorize the above named source to release or disclose to Online Wellness Association information for the period(s) of time identified above:

**Records or other information verifying my educational degrees, licenses, and certificates.**

I authorize the use of a telefax or photocopy of this form for the release or disclosure of the information described above.

I understand that this authorization, except for action already taken, may be voided by me at any time. If I do not void this authorization, it will automatically end when a final decision is made on my application for membership.

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Signature of Applicant:

Date:

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Street Address:

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Telephone Number (area code):

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City, State, Zip Code:

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e-mail address:

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