

## CANDIDATE CONSENT & RELEASE FORM

I hereby certify and declare that the information contained in my ISC2 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 "ISC2") review of my application for full certification, I hereby voluntarily consent to and authorize ISC2, 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 ISC2 or its authorized agents. I hereby release ISC2, 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 ISC2, regardless of the outcome of this investigation and/or my final status as an applicant. Notwithstanding this, ISC2 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 ISC2 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 ISC2 or its authorized agents solely for the purpose of ISC2 to investigate and review my application for certification including contacting the third parties identified in my application. I acknowledge that ISC2 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 #