



ALPP Release of Exam Results Certified Lactation Counselor (CLC)

Please make sure form is filled out completely and signed.

I, _____

Name of Examinee (Please Print Legibly)

CLC Exam Location

Exam Date

Authorize the release of my CLC Exam Results to

Name

Agency

Address

City

State Zip Code

Phone

Fax

Page 1/2

Send to:

Academy of Lactation Policy and Practice

Release of Exam Results

PO Box 2170

South Dennis, MA 02660

OR fax to: (508)-833-6070



ALPP
 THE ACADEMY OF
**Lactation Policy
 and Practice**

- Please mail my results to the above agency address.
- Please fax my results to the number listed above. It should be sent to the attention of: _____.
- Please email my results to the attention of: _____.

I specifically authorize the release of my CLC Exam Results to the person/agency mentioned above.

 Examinee Signature

_____ _____
 Date Phone

For ALPP Use Only

The above mentioned examinee:

- Passed all the CLC competencies including the CLC exam on _____ and is certified until _____.
- Failed the CLC exam
- Failed the LAT competency.
- No CLC Exam Results on file
- Certificate expired on _____

_____ _____
 Date Authorized ALPP Representative

Send to:

Academy of Lactation Policy and Practice
 Release of Exam Results
 PO Box 2170
 South Dennis, MA 02660
 OR fax to: (508)-833-6070