



**NSLA RELEASE OF INFORMATION FORM FOR SHARING  
SIGN LANGUAGE PROFICIENCY INTERVIEW (SLPI) RESULTS**

I authorize Bridge Oregon, Inc's National Sign Language Assessment (NSLA) to disclose my SLPI results with the following individuals/groups (please include their names and their email addresses below).

- 1.
- 2.
- 3.
- 4.

I understand that:

1. This authorization to release information will remain in effect until I revoke it in writing
2. This content does not permit the recipients to authorize the release of my information to a third party
3. This is a standing consent and will not result in a release of information unless requested by the recipients listed above.

My signature below is my permission for NSLA to share my SLPI results as requested above.

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Candidate Signature

Printed Name

Date

Please return this form NSLA