



## **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

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**Send to:**

Academy of Lactation Policy and Practice

Release of Exam Results

PO Box 1288

Forestdale, MA 02644

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

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