



## Authorization and Request of Employee Training Records/Certificates

I, (Print Name) \_\_\_\_\_  
(First, MI, Last) \_\_\_\_\_ Last four of SSN \_\_\_\_\_

do hereby authorize my previous/current employer to release any and all information relating to my employment training records and certificates produced while employed with Perform Air International, Inc. I understand this information will be held in strictest confidence and will be viewed only for the purposes of which it is intended, and no other party not so involved will have the right to see the information provided. I further release and hold harmless both the company receiving the information and the company providing the information from any and all liability that may result from the disclosure of this information and/or the use of such information.

Please send records/information via: (please select one)

- ☐ Email: \_\_\_\_\_
- ☐ Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_
- State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Attention To: (if sending directly to another company or entity)

\_\_\_\_\_  
Name of Entity or Company

Records Request or Time Frame of Records (i.e., All records, all records between Jan 2024 thru Dec 2024 or list specific name of training record needed)

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

\_\_\_\_\_  
Current/Former Employee Signature \_\_\_\_\_ Date \_\_\_\_\_