

INFORMATION RELEASE POLICY AND AUTHORIZATION FORM

The purpose of this Information Release Policy and Authorization Form is to ensure that candidate information is managed confidentially and in accordance with GSMR's obligations and ISO/IEC17024:2012 requirements.

GSMR maintains strict confidentiality of all candidate data, and information will only be released to third parties with the candidate's explicit written consent.

Information that may be released

With your written consent, GSMR may release the following limited information:

- Your full name
- Certification type and status (e.g., active, expired, revoked)
- Certification issuance and expiration dates

GSMR will **not** release:

- Examination Scores
- Personal contact details (e.g., phone number, email, address)
- Application or Payment Information
- Specific exam performance data

Authorization Form

Candidate/Credential Holder Information

Full Name	
Certification ID (if applicable)	
Certification Program Name	
Ü	
Contact Number	
Email Address	









Information Release Consent

I, the undersigned, hereby authorize GSMR to release the following information (please check):
☐ Certification Status (Active/Inactive/Revoked)
\square Certification Dates (Initial Certification and Expiry Dates)
☐ Certification Program Name
This information may be released to: (Name of organization, employer, regulator, or individual authorized to receive information)
Organization/Person Name
Purpose of Release
Candidate Declaration
I understand that:
 GSMR will not release any additional personal information without my explicit consent. This authorization remains valid for one (1) year from the date of signature unless I revoke it in writing. I may withdraw my consent at any time by contacting GSMR in writing at certification@gsmrgulf.org.
Candidate Signature
Date
 Note: Information Release and Authorization Form must be submitted within 10 business days of receiving the certification. Email the form to: certification@gsmrgulf.org