



IBCLC CERTIFICATION VERIFICATION AUTHORIZATION

I, _____, _____ authorize the release of
Name of IBCLC IBCLC ID Number

information of my first year of certification and current expiration date to:

Name

Title

Organization

Email Address

Signature of IBCLC

Date

Please email or fax completed form to the appropriate regional office:

IBLCE in the Americas & Israel

iblce@iblce.org

IBLCE in Europe, Middle East & North Africa

office@iblce-Europe.org

Fax +43 2252 20 64 87

IBLCE in Asia-Pacific & Africa

rd@iblce.edu.au

Fax +61 7 5529 8922

The only information IBLCE will release in regards to the IBCLC is their first year of certification and expiration date. Please note that the verification process may take up to two weeks. Incomplete applications will NOT be processed.

This is the only document that IBLCE needs to respond to your request. Please do not include any other personal documents of the candidate.