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 eume@iblce.org Fax +43 2252 20 64 87
IBLCE in Asia-Pacific & Africa apa@iblce.org Fax +61 7 5529 8922

The only information IBLCE will releases 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.