



National Institute for  
**AUTOMOTIVE SERVICE EXCELLENCE**

**“NO RELEASE” CHANGE FORM**

Please check **one** box:

**Yes**, I want ASE to release information about the ASE tests I have passed to my employer and/or other third parties upon request. **Make my status “OK to release”**.

**No**, I do **not** want ASE to release information about the ASE tests I have passed to my employer and/or other third parties upon request. **Make my status “No Release”**.

By signing this form, I acknowledge that ASE expressly disclaims any responsibility for the actions of organizations or entities that decide to use ASE tests in any context other than ASE’s voluntary certification of automotive service professionals.

\_\_\_\_\_  
Your Name (Please Print)

\_\_\_\_\_  
SSN or ASE ID number

\_\_\_\_\_  
Daytime Phone Number (with Area Code)

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Today’s Date

Return this form to: ASE Customer Service Dept.  
101 Blue Seal Dr. SE, Suite 101  
Leesburg, VA 20175  
Phone: (703) 669-6600  
**Fax: (703) 669-6122**