



WWR RELEASE OF CLASSIFICATION INFORMATION FORM

Updated December 2021

Preferred family name(s)	Preferred given name(s)	Team

Date of birth	Gender	Nationality

Address

Telephone (home)	Telephone (work)	Telephone (mobile/cell)

E-mail	Fax

Event where classification last occurred	Date

Intended recipient(s) of classification information	Designation/role

Declaration

I consent to the disclosure of information relating to my classification examination to the designated recipient(s) as listed above.

Note: Due the confidential nature of this information, classification documentation will only be released directly to the athlete, when requested by mail or electronically.

Athlete signature

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Witness/guardian/coach/team representative signature (if athlete is a minor)

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Date

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