



**NON-ABC FACILITIES:**  
**APPROVAL OF ACCESS TO**  
**TAPP TRAINING TRANSCRIPT**

**FOR NON-ABC FACILITIES**

Facility License Number \_\_\_\_\_ City \_\_\_\_\_

Facility Name \_\_\_\_\_

Director Name \_\_\_\_\_

Contact Number (      ) \_\_\_\_\_

**AUTHORIZATION INFORMATION**

*We, the undersigned, have reviewed and understand the Member Release of Information Procedures. We give permission for DCCECE Better Beginnings staff to view our TAPP training transcripts for Better Beginnings certification purposes.*

<b>TAPP REGISTRY ID NUMBER*</b>	<b>PRINT NAME OF REGISTRY MEMBER</b>	<b>SIGNATURE OF REGISTRY MEMBER</b>
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**ONCE COMPLETED, SEND FORM(S) TO THE TAPP REGISTRY OFFICE VIA MAIL, FAX, OR EMAIL:**  
 Fax: (870) 972-3556 --OR-- Mail: PO Box 808 State University, AR 72467 --OR-- Scan & Email: prof\_registry@astate.edu

\*TAPP Registry ID Number must be entered to be considered valid. If no Registry ID number, Practitioner Application for individual must be submitted with this form.  
 12/09 Page 1 of \_\_\_\_\_

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## CONTINUED

*PLEASE NOTE: THIS PAGE IS INVALID UNLESS ATTACHED TO PAGE 1.*

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