Credential Reporting & Housing Reservation System

Authorization and Release

Important note: This form must be signed by the president of the affiliate or it **will not** be considered a valid request.

I, _____ of, _____ , _____

President's Name | Affiliate # | Affiliate Name

hereby grant

Authorized Person Information

Authorized Name _____ Title _____

Address _____

E-mail Address _____ Telephone Number _____

authorization to access and/or update AFT Credential Reporting & Housing System via cms.aft.org. This access is being granted for the purpose of reporting delegates and/or alternates to the 2020 AFT Convention in Houston, which will be held at the George R. Brown Convention Center, July 27 – 30, 2020.

By signing this Authorization and Release I understand, acknowledge, and make known that I am a duly elected officer of the AFT affiliate stated above. I understand and acknowledge that by and through this document I am granting the above named authorized person responsibility to carry out actions that are my responsibility under the AFT Constitution. Furthermore, by affixing my signature hereto, I accept full responsibility for any errors, mistakes, or misjudgments made by the above stated authorized person in carrying out the responsibilities assigned to him or her pursuant to this Authorization and Release. I completely absolve the American Federation of Teachers, AFL-CIO from any and all liability that may arise out of the actions taken by the above named authorized person in connection with the carrying out of their responsibilities pursuant to this agreement.

I understand and acknowledge that as an officer of the above named affiliate, I am solely responsible for the certification made by the above authorized person. By affixing my signature hereto, I certify the delegates and alternates registered by way of the AFT Credential Reporting & Housing System are in truth and in fact the duly elected delegates and alternates of my affiliate.

President's Signature _____ Print Name of President _____ Date _____

This form may be emailed to AFTConvention@aft.org.

***Once we have received your completed form and made the necessary updates in our system, we will notify the authorized person named above in regards to creating access to their account. Please allow 1 business day for set-up and completion.**