



Professional Licensure/Certification

Authorization

I hereby release from all liability the company or person completing this form and authorize them to release all information regarding my professional license/certification and status.

Signature: _____

Date: _____

Please confirm the Professional License/Certification of the following individual:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Licensure Number: _____

License Status: Active Inactive Disciplined

Supporting document(s) attached? Yes No

Verified Electronically by: _____

Date Verified: _____