



Professional License/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: X _____

Date: X _____

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

Name: X _____

Address: X _____

City/State/Zip: X _____

License Number: X _____

License Status: Active Inactive Disciplined

Supporting document attached? Yes No

Verified Electronically by: Melanie A. Allen
Date verified: _____