



RELEASE AND AUTHORIZATION

Alex.bernard@physician-nurselicensing.com

Marian.dobbs@physician-nurselicensing.com

Alexis.Tyus@physician-nurselicensing.com

Marnie.fairris@physician-nurselicensing.com

Cindy.Vasquez@physician-nurselicensing.com

Mcdavis@physician-nurselicensing.com

Debbie.Grier@physician-nurselicensing.com

Morgan.Bales@physician-nurselicensing.com

Edavis@physician-nurselicensing.com

Meaghan.mccarthy@physician-nurselicensing.com

Elizabeth.edmunds@physician-nurselicensing.com

Mjduffy@physician-nurselicensing.com

Lindsay.Crowe@physician-nurselicensing.com

Nico.vogt@physician-nurselicensing.com

Madison.jones@physician-nurselicensing.com

I authorize and release to Alex Bernard, Alexis Tyus, Cindy Vasquez, Debbie Grier, Elizabeth Davis, Elizabeth Edmunds, Lindsay Crowe, Madison Jones, Marian Dobbs, Marnie Fairris, Mary Davis, Mary Jo Duffy, Meaghan McCarthy, Morgan Bales, Paulee Davis and/or their colleagues and associates of Physician & Nurse Licensing Services, to consult with any persons, entities, institutions and/or medical licensing boards, including, but not limited to, the Federation of State Medical Boards, who can provide information or documents, privileged or confidential, relating to my professional competence, ethics, personal character and professional liability history; to provide information, both written and oral, regarding the status of any license which I have possessed; to obtain licensure or hospital privileges for me and to obtain any information described above during that process. I release from liability any and all individuals or entities providing such information, in good faith and without malice, and specifically consent to the release of such information.

I authorize and release all persons named in the preceding paragraph of this Release, and/or their colleagues and associates of Physician & Nurse Licensing Services any and all specific Military Service records from any and all branches of the Military and its cognate organizations and all such data, documents and information whether or not it is otherwise privileged or confidential relating to my education, as well as transcripts, training, performance, personal character, ethics, rank, privilege, and current status.

A photocopy of this document shall be acceptable proof to anyone receiving it of my full authorization.

Full Legal Name (printed): _____

Social Security Number: _____ Gender: _____

Date of Birth: _____ Place of Birth (City/State/Country): _____

Signature: _____ Date: _____