



RELEASE AND AUTHORIZATION

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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: _____