NEVADA STATE BOARD OF MEDICAL EXAMINERS

APPLICANT/LICENSEE REQUEST AND AUTHORIZATION FOR RELEASE

Instructions: This form is intended solely for an applicant/licensee requesting their own confidential investigative or licensing records pursuant to NRS 630.336 and Board administrative policies. ***This document must be signed in the presence of a Notary Public. Please submit this completed, signed and notarized form to recordsrequests@medboard.nv.gov***

SECTION I: REQUESTOR INFORMATION

Applicant/Licensee Name:
_____

Primary Mailing Address:
_____

Applicant/License Number:
_____

Date of Birth:
_____/_____/_____

Telephone:
_____

Email Address:
_____

SECTION II: RECORDS REQUESTED

Please specify the records requested to be released:

☐ Send to Email Adress ☐ Send to Mailing Adress

SECTION III: ACKNOWLEDGEMENT AND NOTARIZED DECLARATION

I hereby request the release of the records specified above and understand that these records contain confidential information and are being released directly to me as the subject applicant/licensee. By signing below, I declare under penalty of perjury under the law of the State of Nevada, that I am the applicant/licensee, that the information provided on this form is correct and I authorize the Nevada State Board of Medical Examiners to release the referenced records directly to me.

DATED this _____ day of _____, 20____.

_____
APPLICANT/LICENSEE

SUBSCRIBED and SWORN before me by _____
in the presence of _____ (notary)
on this _____ day of _____, 20____.

_____
NOTARY PUBLIC

FOR BOARD USE ONLY:

Affidavit Received: _____