

**RELEASE**

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Nevada State Board of Medical Examiners any information, files or records required by the Nevada State Board of Medical Examiners for its evaluation of my professional, ethical, physical, and mental qualifications for licensure in the state of Nevada.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Signature: \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Notary Public for the State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Residing at: \_\_\_\_\_  
City State

(NOTARY SEAL)

\_\_\_\_\_  
Signature of Notary

A photocopy of this form will serve as an original (Board use only).

**Please return completed form to:**

Nevada State Board of Medical Examiners  
9600 Gateway Drive  
Reno, NV 89502