



## AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, the undersigned, do hereby authorize the Board of Vocational Nursing and Psychiatric Technicians (Board) to release and discuss any information related to my application for licensure, including any examination or enforcement information, with the individual listed below:

Authorization for Release to:	
Name:	
Agency/Company:	
Address:	
City/State/Zip Code:	
Telephone# ( )	Fax#: ( )

This authorization expires on \_\_\_\_\_(optional) or until the Board receives written notification to cancel or revoke it, whichever is sooner.

With my authorization, I understand that any records and information that I may have access to may be provided to the above named person. **A copy of this authorization is as valid as the original.**

I authorize the release of confidential information as noted herein:	
Print Name: _____	Applicant # or License #: _____
Signature: _____	Date: _____
Daytime Telephone#: ( ) _____	

**Disclaimer:** The Board may have some documents and information that may not be released to either you or your designee as specified by Federal Law, 42 USC section 290dd-2, 42 CFR section 2.1 *et seq.*, Civil Code section 1798 *et seq.*, Government Code section 6250 *et seq.*, Evidence Code section 950 *et seq.* and section 1040. For example, confidential investigative materials are withheld and personal third party information may be redacted.