

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

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Records Release Authorization

Annlicant Signature	 Date	Witness Signature	<u>,</u>	Date
Date, 7	Γime, Event or Co	ndition of Expiration		
This consent shall expire one year below.	ar from date of the	applicant's signature	e or as otherwise inc	dicated
I understand that I have no oblig this consent at any time by noting information; and/or specifying a without revocation, which I have	fying the PHMP of a date, event or of	case manager in writi	ing prior to release	of the
The purpose of the disclosure of decision regarding my application		n is to enable the Bo	ard to make an inf	formed
Board Address:				
Board Name:				
Professional Health Monitoring Affairs to disclose the results of by the PHMP-approved evaluato	the drug and alco			
I,		give	e my consent t	to the