



Pennsylvania
Department of State

Records Release Authorization

I, _____ hereby give my consent to the Professional Health Monitoring Programs (PHMP), Bureau of Professional and Occupational Affairs to disclose the results of the drug and alcohol and/or mental health evaluation completed by the PHMP-approved evaluator to the:

PA Board: _____

Address: P.O. Box 69523, Harrisburg, PA 17106-9523

The purpose of the disclosure of this information is to enable the Board to make an informed decision regarding my application for licensure.

I understand that I have no obligations whatsoever to disclose any information and I may revoke this consent at any time by notifying the PHMP case manager in writing prior to release of the information; and/or specifying a date, event or condition upon which my consent will expire without revocation, which I have done below.

This consent shall expire one year from date of the applicant’s signature or as otherwise indicated below.

This consent shall expire: _____
(Date, Time, Event or Condition)

Applicant Signature Date Witness Signature Date

CRI.BC
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