AUTHORIZATION AND RELEASE INFORMATION

Please complete if you would like for Board staff to talk with others concerning your application.

I, _____ , hereby authorize the Kansas State Board of Healing Arts ("Board")
print name

to release and discuss any and all information pertaining to my application pending before the Board with the following **TWO** individual(s):

Name of Individual	Phone Number	E-mail Address	Relationship to Individual

☐ Application Information (Initial, Reinstatements, Renewals, etc.) ☐ Payment Information ☐ License Verifications

☐ Status Changes ☐ Address Changes ☐ Healthcare Stabilization Fund Information ☐ Continuing Education Information

☐ Audit Information ☐ Former and/or Current Legal Documents ☐ Former and/or Current Legal Issues

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☐ Audit Information ☐ Former and/or Current Legal Documents ☐ Former and/or Current Legal Issues

This Authorization and Release **expires one year** from date of signature reflected on this form. Prior to expiration, this Authorization and Release may be revoked in writing at any time. A reproduction of this Authorization and Release shall have the same effect as the original.

_____
Signature

_____
Date