



CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
2005 Evergreen Street, Suite 2250, Sacramento, CA 95815-3831
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AUTHORIZATION TO RELEASE INFORMATION

I, _____, (hereafter "Probationer"), hereby authorize any and all employer(s), supervisor(s), contracting agency(s), employing vendor(s), or Regional Center(s), to communicate with, provide information, and/or submit documents to the California Board of Occupational Therapy relevant to my employment and work performance. This information includes, but shall not be limited to, employment application, performance appraisals/evaluations, performance issues/concerns, employment dates, attendance records, billing records, counseling memos, adverse action reports, employment history, investigation reports, policy/procedure acknowledgments, alcohol and/or drug testing and results, and other supporting documents.

Information shall be forwarded to:

CALIFORNIA BOARD OF OCCUPATIONAL THERAPY (CBOT)
PROBATION/ENFORCEMENT UNIT
2005 EVERGREEN STREET, SUITE 2250
SACRAMENTO, CA 95815-3831

The disclosure of information and documents, authorized herein, is solely for the official use of the Board in the compliance monitoring of the undersigned's probationary term.

This authorization shall remain valid until it is either (1) revoked in writing, or (2) the undersigned has completed probation.

Signature: _____
Probationer

_____ Date

Printed Name: _____

A copy of this authorization shall be as valid as the original.