



AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize any and all employer(s), supervisor(s), to communicate with, provide information, and/or submit documents to the California Board of Occupational Therapy relevant to my dates of employment. This information includes, but shall not be limited to, employment dates, personnel records, payroll records, attendance records, and employment history.

Information shall be forwarded to:

CALIFORNIA BOARD OF OCCUPATIONAL THERAPY (CBOT)
1610 ARDEN WAY, SUITE 121
SACRAMENTO, CA 95815

The disclosure of information and documents, authorized herein, is solely for the official use of the Board.

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

Signature: _____
Licensee/License #

_____ Date

Printed Name: _____

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