

**REQUEST FOR OFFICIAL VERIFICATION OF LICENSURE**

**APPLICANT:** Do **NOT** send this form in with your application. This is to be used as necessary to request official license verification from states that do not provide verification through NURSYS. Complete the form and mail it to any state board in which you are requesting official license verification be sent to the Montana Board of Nursing. You may make as many copies of this form as you wish. Be advised that some boards require a fee for this service. It is recommended you contact the boards prior to mailing in this form to see if you need to include payment. See [www.ncsbn.org](http://www.ncsbn.org) to find contact information for each board jurisdiction.

-----

**LICENSEE INFORMATION**

To Whom It May Concern:

I am applying for a license through the Montana Board of Nursing and the Board requires official license verification.

This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to:

**Montana Board of Nursing**  
**PO Box 200513**  
**Helena, MT 59620-0513**  
Or  
**Email at: [dlibsdhhelp@mt.gov](mailto:dlibsdhhelp@mt.gov)**

Your prompt response is appreciated.

Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_  
Street or PO Box #

\_\_\_\_\_  
City State Zip

My License Number from your State is: \_\_\_\_\_ License Type: \_\_\_\_\_