

MONTANA BOARD OF MEDICAL EXAMINERS
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AUTHORIZATION FOR RELEASE OF INFORMATION
AND RELEASE FROM LIABILITY

I, _____, am an applicant for licensure as a _____.

I authorize the Montana State Board of Medical Examiners (Board) to release information, verbally and in writing, to _____ that includes, but is not limited to, application status, the particulars of missing application information or fees, disciplinary action, and any and all other information provided to the Board as part of my application.

I further expressly release the Board, the Department of Labor and Industry, and the State of Montana from liability for further unauthorized dissemination of this information by the above-named individual or entity.

A photocopy or electronic version of this signed release shall be considered as valid as the original. This authorization shall remain in force for as long as my application is pending, after a license is issued to me, and until revoked by me, in writing and received the Board.

Signature of Applicant

Date