



CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

NAME OF PERSON OR INSTITUTION/BUSINESS			
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ADDRESS (STREET)	CITY	STATE	ZIP CODE
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I, the consenter named below, hereby authorize the above-named person, business and/or institution, its agents and/or representatives, to release any and all records and information pertaining to me, including but not limited to the following:

These records are to be released to the Division of Professional Registration/Central Investigations Unit and/or its agents or representatives at the following address:

DIVISION OF PROFESSIONAL REGISTRATION
CENTRAL INVESTIGATIONS UNIT
P O BOX 1335
JEFFERSON CITY MO 65102
(573) 526-0162

These records are to be forwarded within 10 (ten) days upon receipt of this consent form.

I authorize any redisclosure which may be necessary to accomplish the state's purpose in connection with any appearance before the professional regulatory agency and/or hearing before the Missouri Administrative Hearing Commission and/or any court of law.

Furthermore, I hereby waive and release the Division of Professional Registration, its member boards, commissions and committees, their respective members, and any employees, agents, or attorneys, including any former members, employees, agents, and attorneys of the Division of Professional Registration, its member boards, commissions and committees of, or from, any liability, claim, actions, causes of action, fees, costs and expenses, and compensation, including, but not limited to any claims for attorneys fees and expenses, including any claims pursuant to §536.087, RSMo, or any claim arising under 42 U.S.C. §1983, which may be based upon, arise out of, or relate to any of the matters raised in this consent for the release of confidential information.

A photocopy of this signed release shall be deemed as if it were an original.

CONSENTER (PERSON AUTHORIZING RELEASE OF INFORMATION)

SIGNATURE	PRINTED NAME	DATE
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ADDRESS (STREET)	CITY	STATE	ZIP CODE
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NOTARIZED SIGNATURE REQUIRED IF NOT SIGNED IN PRESENCE OF A STATE INVESTIGATOR

STATE WITNESS SIGNATURE	PRINTED NAME	DATE
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NOTARY PUBLIC EMBOSSER OR BLACK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 19		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		