



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
**APPLICANT RELEASE**

I, \_\_\_\_\_, authorize the  
APPLICANT NAME

\_\_\_\_\_ to discuss anything relative to my license application  
NAME OF BOARD

process with the individual(s) listed below:

(Name of Individual(s) - please print)

1.

2.

SIGNATURE OF APPLICANT

DATE: