

A photocopy or facsimile of this authorization shall be as valid as the original and shall be valid from the date signed.

I, the undersigned, hereby authorize the Federation Credentials Verification Service to collect, verify and maintain information and copies of documents and records that can subsequently be provided to professional licensing boards, hospitals and other entities when I apply for licensure, staff membership, employment or other privileges.

I request and authorize every person, institution, professional licensing board of any state in which I hold or may have held a license to practice my profession, hospital, clinic, government agency (local, state, federal or foreign), law enforcement agency or other third parties and organizations, and their representatives, to release information, records, transcripts and other documents, concerning my professional qualifications and competence, ethics, character and other information pertaining to me to the Federation Credentials Verification Service.

I further request and authorize that the requested information, documents and records be sent directly to:

**Federation Credentials Verification Service**  
400 Fuller Wisser Road  
Suite 300  
Euless, TX 76039

**Immunity and Release**

I hereby extend absolute immunity to, and release, discharge and hold harmless from any and all liability:

1) the Federation Credentials Verification Service, its agents, representatives, directors and officers; 2) other agencies, institutions, hospitals and clinics providing information, their representatives, directors and officers; and 3) any third parties and organizations for any acts, communications, reports, records, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by the Federation Credentials Verification Service.

By my signature below, I acknowledge that information, documents and records required to be furnished by another organization, educational institution, hospital, individual or any person or groups of persons must be sent directly by such persons to the Federation Credentials Verification Service. I understand that the Federation Credentials Verification Service will not accept such information, records or documents forwarded by me.

Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

**Printed** Last Name, First Name, Middle Initial, Suffix (e.g., Jr.) \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_