

AUTHORIZATION AND RELEASE

I, _____, am filing an application to the North Carolina State Board of Chiropractic Examiners to be licensed to practice chiropractic in the State of North Carolina. I hereby consent to have an investigation made as to my good character, my educational background, reputation, and fitness for the practice of chiropractic in the said State and such information may be reported to the said Board. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive and am not entitled to a copy of the responses made to the said Board or to know its contents. I further understand that the contents of the Board's investigation and confidential responses are privileged.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association, school or institution having control of any documents, records, and other information pertaining to me to furnish the same to the North Carolina State Board of Chiropractic Examiners including documents, records, associations files, licensing board files, and any other information regarding charges or complaints against me, formal or informal, pending or closed, or any other pertinent data, and to permit the North Carolina State Board of Chiropractic Examiners or its agents, or its employees, or its representatives to inspect and make copies of such documents, and other information.

I hereby release, discharge, exonerate the North Carolina State Board of Chiropractic Examiners, its agents, its employees, and its representatives and any person so furnishing from any and all liability of every kind and nature arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the North Carolina State Board of Chiropractic Examiners.

I have read the foregoing Authorization and Release and understand the contents thereof.

This the _____ day of _____, 20 _____.

Signature of Applicant

STATE OF _____ Address: _____
COUNTY OF _____ _____

Subscribed to and sworn before me _____,
this the _____ day of _____, 20 _____.

Date of Birth:

Notary Public (Seal) _____

My Commission Expires: _____