

Authorization for Release of Information, Documents and Records

I, the undersigned, do hereby authorize the ASWB Social Work Registry to collect, verify and maintain information and copies of documents and records regarding my education, licensure and employment 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 jurisdiction in which I hold or may have held a professional license, government agency (local, state, provincial, federal or foreign), law enforcement agency or other third parties and organizations, and their representatives, to release such information, records, transcripts and other documents concerning my professional qualifications and competence, ethics, character and other information pertaining to me to the ASWB Social Work Registry.

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

**ASWB
Social Work Registry
P.O. Box 1508
Culpeper, VA 22701**

Indemnification and Release

I hereby indemnify, release, discharge and hold harmless from any and all liability:

1) The ASWB, its agents, representatives, directors and officers; 2) other agencies and institutions providing the 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 ASWB Social Work Registry.

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

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

Applicant's signature

Date of Signature

Applicant's PRINTED last name, first name, middle name and suffix (e.g. Jr.)

Date of birth (month/day/year)

Social Security/Social Insurance Number

State/Province of _____, County of _____, I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this _____ day of _____, 20_____.

Notary public signature: _____ Commission expires: _____