



NOTE: Complete this form ONLY if using the ASWB Social Work Registry

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 furnished by the ASWB Social Work Registry at my request 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, government agency, court, licensing board of any jurisdiction in which I hold or may have held a professional license, law enforcement agency or other third parties and organizations, and their representatives, to release such information, records, transcripts, and documents concerning my professional qualifications, charges or complaints filed against me, competence, ethics, character, and other information pertaining to me to the ASWB Social Work Registry.

I further request and authorize those entities furnish the requested information, documents, and records directly to:

**ASWB
Social Work Registry
17126 Mountain Run Vista Ct.
Culpeper, VA 22701**

I hereby indemnify, release, discharge and hold harmless the ASWB Social Work Registry, its agents, representatives, directors and officers and any person, agency or institution furnishing information of all liability of every nature and kind 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. I authorize the ASWB Social Work Registry to release to any entity at my request information, material, documents, orders or the like relating to me.

I, the undersigned, hereby certify that I am the person named in the ASWB Social Work Registry application, that all statements I have made or shall make with respect thereto are true, and that all documents, forms, or copies thereof furnished or requested to be furnished by another organization, educational institution, individual or any person or groups of persons with respect to my application are strictly true in every aspect and must be sent directly by such entities to the ASWB Social Work Registry. I understand that the ASWB Social Work Registry 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 name

Date of birth (month/day/year)