

Wyoming Board of Hearing Aid Specialists

2001 Capitol Avenue, Room 127

Cheyenne, WY 82002

LICENSURE VERIFICATION REQUEST

Section A: Instructions

This request is for an official stamped/sealed verification to be sent to the receiving jurisdiction.

Section B: Your Information

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Previous Names Used</i>	
<i>Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phone</i>		<i>Preferred Email</i>		

Section C: State/Agency Receiving Information

<i>State/Agency Name</i>			
<i>Contact Name</i>			
<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Email address if the state will accept it via this method. Please confirm with the state to avoid delays in processing.</i>			

Section D: Release of Information

I hereby authorize the Wyoming Board of Hearing Aid Specialists to release information relating to my license(s) to the agency listed above, including information relating to disciplinary action, suspension, or curtailment of privileges. I further agree to release and hold harmless the Wyoming Board of Hearing Aid Specialists, its agents, and all staff members from any and all liability for releasing such information.

<i>Signature</i>	<i>Date</i>
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Mail this form and the required fee to the address at the top of the page