



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830
www.bbs.ca.gov



RELEASE OF INFORMATION EMPLOYER

Respondent's name: _____

Address: _____

Date of Birth: _____

I, the undersigned, hereby authorize _____ to
Employer, and/or Contractor's Name
 communicate with the Board of Behavioral Sciences regarding my work status,
 performance, and monitoring for the purpose of monitoring my probation in case
 number _____. Such information may be mailed directly to:
BBS Case Number

Board of Behavioral Sciences
 ATTN: Discipline and Probation Unit
 1625 North Market Blvd., Suite S200
 Sacramento, CA 95834

The disclosure of confidential information and records authorized herein is required solely for official use including any investigation and possible proceedings regarding any violation of the laws of the State of California, or any violation of the terms of my Board ordered disciplinary probation.

This authorization shall remain valid until the completion of my probation and/or until the Board of Behavioral Sciences of the State of California completes any proceedings arising out of a Board ordered investigation. A copy of this Release shall be as valid as the original.

I understand that I have a right to receive a copy of this Release if requested by me.

Respondent Signature

Date

Respondent's Printed Name