

STEVE SISOLAK
Governor



RICHARD WHITLEY, MS
Director

DENA SCHMIDT
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES
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<http://adsd.nv.gov>

AUTHORIZATION AND RELEASE FORM

(Please circle one)

I, _____ an applicant for
(Please Print)

LBA LaBA RBT

last four digits of social security number _____,

having filed an application to ADSD, hereby apply for a character and fitness report and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of ABA/BA and such information as may be received or reported to the State Board of ABA. I agree to give any further information which may be required in reference to my past record.

I hereby release, discharge, exonerate ADSD and the State Board of ABA, its agents and representatives and any person for furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or investigation.

I hereby consent to the disclosure of all information as set forth in this instrument pursuant to any request by ADSD and the State Board of ABA.

I have read the foregoing document and sign it willingly, voluntarily and with full knowledge.

Effective: _____
(Date)

Signature of Applicant: _____