

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**  
Aging and Disability Services Division  
*Helping people. It's who we are and what we do.*



Dena Schmidt  
Administrator

**AUTHORIZATION AND RELEASE FORM**

I, \_\_\_\_\_ an applicant for  
(Please Print)  
last four digits of social security number \_\_\_\_\_,

LBA LaBA RBT  
(Please Check or Circle One)

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 Applied Behavior Analysis. 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 Applied Behavior Analysis, 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 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: \_\_\_\_\_