



LICENSEE AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

Licensee Information

Full Name: _____

License Number: _____

Email Address: _____

Phone Number: _____

Purpose of Release

I, the undersigned licensee, hereby authorize the Texas Board of Veterinary Medical Examiners (TBMVE) to release the following personal information that is not publicly listed on my license profile.

- ☐ Home Address
- ☐ Personal Email Address
- ☐ Personal Phone Number
- ☐ Other (please specify):

This release is granted for the following reasons:

Recipients of Information

This information may be released to the following individual(s), company(ies), or organizations(s):

Terms of Authorization

- This authorization is made voluntarily.
- I understand this release applies only to the specific information and recipients listed above.
- I may revoke this authorization at any time by submitting written notice to TBVME.
- This release does not authorize the public disclosure of any protected personal information.

(Optional) This authorization will remain valid until:

☐

Revoked in writing

☐

Expiration Date:

Licensee Signature

I certify that I am the licensee named above and that the information provided in this form is accurate to the best of my knowledge.

Signature: _____

Date: _____

Submit Completed Form To:

Texas Board of Veterinary Medical Examiners

1801 Congress Suite 8.800

Austin, Texas 78701

Legal@Veterinary.Texas.Gov

Phone: (512) 305-7555

Fax: (512) 305-7574