

Medical License Verification Release Form Sample

The **medical license verification release form sample** is a crucial document that authorizes the release of a healthcare professional's licensing information for verification purposes. It ensures compliance with legal and regulatory standards by providing consent to access official medical licensing records. This sample form simplifies the process of verifying credentials for employers, institutions, and credentialing organizations.

Medical License Verification Release Form

Practitioner Information

Full Name:

License Number:

State/Issuing Board:

Date of Birth:

Authorization

I hereby authorize the release of my medical license verification information, including but not limited to status, date of issuance, date of expiration, and any disciplinary actions, to the organization or individual listed below for the purpose of credentialing and verification.

Recipient (Organization/Individual):

Recipient Contact Information:

Practitioner Consent

Signature:

Date:

This is a sample form for informational purposes only. Please consult your institution or legal counsel to ensure compliance with all applicable regulations.