To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis Governor

Joseph A. Ladapo, MD, PhD State Surgeon General

Vision: To be the Healthiest State in the Nation

## Waiver of Confidentiality and Authorization to Release Scores

TO WHOM IT MAY CONCERN:	
I,	, hereby authorize the Florida
(Please print your name)	, hereby authorize the Florida
Department of Health or its agent to r	elease the examination scores maintained as part of my
Application/licensure files, to the follow	ving person(s) or organization(s):
Name of recipient	Name of recipient
Address of recipient	Address of recipient
I understand that this authorization cordesignated to be released, as it relates	nstitutes a waiver of my right to confidentiality for the information s to the recipient I have named above.
	epartment, its agents, and all staff members who shall comply in elease, from any and all liability of every nature and kind growing our shing of this information.
Original Signature of Applicant, Regis	trant or Licensee License Number
Subscribed and sworn before me this	day of, 20 by
Signature of Notary Public	My Commission expires

