

**American Board of Psychiatry and Neurology, Inc.**  
**Permission to Release Board Status Information**

*(To be completed by physician about whom information is being requested by a third party)*

I hereby authorize and consent to the release of information by the American Board of Psychiatry and Neurology, Inc., or its staff, in response to requests regarding my board status. I hereby release the American Board of Psychiatry and Neurology, Inc., its directors, officers, staff, and agents from any actions, suits, obligations, damages, claims, or demands arising from so doing.

Signature (full name) \_\_\_\_\_

Print name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date signed \_\_\_\_\_