

# RELEASE WAIVER FORM

Date \_\_\_\_\_

Applicant's Full Legal Name:

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name

List any other names by which you are now, or ever have been, known:

\_\_\_\_\_  
\_\_\_\_\_

Home Address:

\_\_\_\_\_

Street

\_\_\_\_\_

Area Code / Telephone

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Place of Birth

Shelter Name:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

City

\_\_\_\_\_

State

I, the above-named individual, do hereby authorize the Louisiana Board of Veterinary Medicine to make inquiries through the U.S. Department of Justice, Drug Enforcement Administration, for the purpose of determining my eligibility for certification with the Louisiana Board of Veterinary Medicine. I understand that the DEA inquiry and any other law enforcement or security inquiry is specified under Section 1301.93 of Title 21 Food and Drug Administration Code. I understand that any false statements made by me may result in disqualification for certification as a certified animal euthanasia technician.

I also agree to release any member of the Louisiana Board of Veterinary Medicine, or its agents or employees from any liability for requesting any information specified, either favorable or otherwise, in this authorization.

I agree that a photostatic copy of my authorization be accepted with the same authorization as the original.

Applicant's signature: \_\_\_\_\_

Full, true and correct signature of applicant (without abbreviation)