AFFIDAVIT AND PERPETUAL RELEASE OF INFORMATION

ı	certify af	ter being duly swo	orn, that all of the information supplied in the Mississipp	
submitted hacknowledg	of Medical Licensure's online applicat terein is a true likeness of myself and e that any false or untrue statement or	ion is true and co d was taken withi representation m	orrect to the best of my knowledge, that the photograph in sixty (60) days prior to the date of this release. ade in the online application may result in the denial of anted to me and criminal prosecution to the fullest exten	
Mississippi sperson or o	State Board of Medical Licensure in conr	nection with the on for the information	rmation submitted with it or information collected by the iline application, including derogatory information, to any n and release the Mississippi State Board of Medica	
individuals of			information, which may be in the possession of othe Licensure and release this person or organization from	
person, firm any hospital for medical for diagnosi disclose and 39216, any application.	, corporation, clinic, office, or institution at which I have or have had membership malpractice liability insurance; each physis or treatment; and each professional of release to the Mississippi State Board and all information and documentation Further, I hereby consent to the disclost of Medical Licensure and waive any page 1.	by whom or with wo; each insurance of sician or other head organization or specific of Medical Licensu concerning me wure and release of	d for any license, permit, certificate or registration; each whom I have been employed in the practice of medicine company with which I have obtained or made application alth care practitioner with whom I have consulted or seer ecialty board to which I have applied for membership, to ure, 1867 Crane Ridge Drive, Suite 200-B, Jackson, MS which the Board deems material for consideration of my of such information and documentation to the Mississipp of confidentiality which I would otherwise possess with	
State Board		formation to rely	tion, state or federal agency from whom the Mississipp on a copy of this release, the original now on file in the ve noted address.	
prior to relea		tion requested. O	tion of which may be required under federal or state law therwise, this authorization shall constitute and operate	
Date				
		Ар	oplicant's Signature	
State of SWORN to	and subscribed before me this	day of	, in the year of	
		No	otary Public	
	Attach a Passport-Type		My Commission Expires:	
	Photograph		(SEAL)	
	Taken Within 60 Days.	•		
	Informal Snapshots Will Not Be Accepted.		Complete and Submit to: Mississippi State Board of Medical Licensure 1867 Crane Ridge Drive, Suite 200-B Jackson, MS 39216	