



**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**

**THIS RELEASE FORM NEED ONLY BE COMPLETED BY LICENSED PHYSICIANS AND VETERINARIANS**

**Please return via facsimile to (860) 707-1931 or email to [dph.healingarts@ct.gov](mailto:dph.healingarts@ct.gov).**

**CONSENT FOR RELEASE OF CONFIDENTIAL RECORDS**

This is to certify that I hereby give my consent and authorize the Department of Public Health to confirm the existence of any pending petitions and to release any records of disciplinary action maintained by that department (with the exception of any documents identified below) to:

SEND VERIFICATION TO: \_\_\_\_\_  
(Company Name and Address) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that these records are confidential pursuant to the provisions of Connecticut General Statutes and may not be disclosed without my permission. This information will only be disclosed when this release is executed by me. Please honor a mechanically reproduced copy of this release.

Documents the department is not authorized to release include:

\_\_\_\_\_  
Signature Date \_\_\_\_\_  
\_\_\_\_\_  
Name – Printed or Typed CT License Number \_\_\_\_\_  
Email: \_\_\_\_\_

**THIS RELEASE FORM IS FOR USE BY PHYSICIANS AND VETERINARIANS ONLY AND EXPIRES ONE YEAR FROM DATE OF SIGNATURE.**