

# Alabama License Verification Request

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City

State

Zip

I authorize the Alabama State Board of Veterinary Medical Examiners to release information in regards to the status and standing of my license to practice veterinary medicine and/or surgery in the State of Alabama to the Veterinary Medical Board of \_\_\_\_\_.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submit this request or any form supplied by the receiving state by mail and once we receive it here in the ASBVME Office your request will be processed in a timely manner.

**Be sure to indicate any deadline you are trying to meet.** \_\_\_\_\_

Fax: 334-395-5117

Mail: Alabama State Board of Veterinary Medical Examiners  
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Montgomery, AL 36130-5330  
Phone #: 334-395-5112  
[www.asbvme.alabama.gov](http://www.asbvme.alabama.gov)