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I, (Please Type or Print) _____,

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permission to speak with the Nevada Board of Psychological Examiners' office regarding
my:

- ☐ Application Status
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- ☐ Other: _____

This release is effective as of the date below and will expire upon closure of the
application or approval of my licensure/registration, unless otherwise withdrawn by me.

Date: _____

Signature of Applicant: _____