VERIFICATION OF STATE LICENSURE
State Form 57287 (6-23)



| Name (last, first, middle, maiden) |  |  | Date of birth (month, day, year) | Social Security number * |
| :---: | :---: | :---: | :---: | :---: |
| Address (number and street or rural route) |  |  |  |  |
| City |  | State |  | ZIP Code |
| E-mail address |  |  |  |  |
| Type of license held | License number |  | Date of issuan | nth, day, year) |
| I hereby authorize the State of |  | to furnish the Indiana Board of Veterinary Medicine with the information below. |  |  |
| Signature of applicant |  |  |  | ned (month, day, year) |

## DO NOT WRITE BELOW THIS LINE



| FORM COMPLETED BY |  |  |  |
| :---: | :---: | :---: | :---: |
| Signature |  |  | Date (month, day, year) |
| Printed name |  | Title |  |
| State Board | Telephone number ( ) |  | E-mail address |

## Please affix board seal below.

