

## New Mexico Physical Therapy Board

New Mexico Department of Public Safety Background instructions:

The New Mexico Physical Therapy Board requires a background check prior to full licensure. Please follow the instructions for submission of that form.

1. The following form should be completed by providing the applicant's full name and Social Security Number, along with the applicant date of birth.
2. The applicant signature and date should be completed in the presence of a Notary Public that also needs to provide a signature and date along with the notary seal.
3. The completed form should be mailed to:

New Mexico Department of Public Safety  
P.O. Box 1628  
Santa Fe, NM 87504-1628

4. The completed form should be sent with a \$15 check or money order made payable to the *New Mexico Department of Public Safety*, along with the signature of the payer.
5. Any further questions about the application process, should be emailed to [physical.therapy@rld.nm.gov](mailto:physical.therapy@rld.nm.gov)



**Mail this form and payment to:**

**DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628  
ATTN: RECORDS \$15.00 PER RECORD CHECK**

### AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_  
NAME (MUST BE PRINTED LEGIBLY) (ITIN# or SS#) (DOB)

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamp. 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HEREBY APPOINT: **NEW MEXICO PHYSICAL THERAPY BOARD**

NAME (MUST BE PRINTED) (IF NO AGENT, PRINT "SELF")  
ADDRESS: \_\_\_\_\_ PO Box 25101, Santa Fe, NM 87504

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

APPLICANT SIGNATURE: \_\_\_\_\_

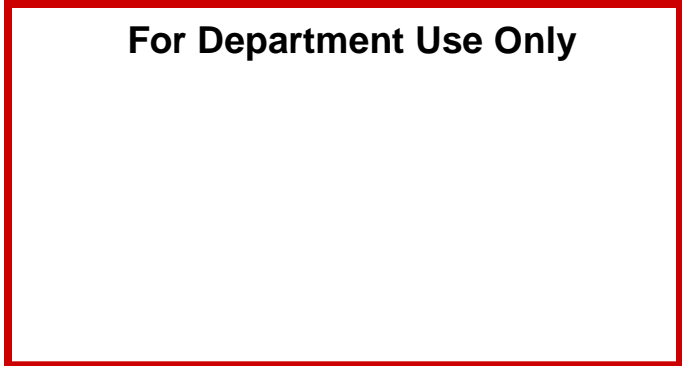
DATE: \_\_\_\_\_

(\*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED BY BOTH APPLICANT AND PARENT (GUARDIAN) IN YOUR PRESENCE AND NAME, DOB, SOC INFO IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

NOTARY SIGNATURE: \_\_\_\_\_

(SEAL) \_\_\_\_\_  
(NOTARY PUBLIC)



MY COMMISSION EXPIRES: \_\_\_\_\_.