



**State of Alabama Board of Examiners of
Assisted Living Administrators**
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Executive Director
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Telephone: (334) 271-2418
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RE: Request to Give Information Regarding License

Your Name: _____ Last 4 of Social: _____
License #: _____ Date of Birth: _____

I am requesting that information regarding my Assisted Living Administrator's license may be discussed with the following person(s):

- 1) _____ Relationship: _____
- 2) _____ Relationship: _____
- 3) _____ Relationship: _____

By signing this form, I authorize the Board of Examiners of Assisted Living Administrators to discuss all aspects of my license with the person(s) listed above. I also understand that this request will be active until I notify the Board in writing to cancel and/or amend this request.

Signed

Date