

**IDAHO DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES**  
**11341 W. Chinden Blvd., Building #4 Boise ID 83714 or**  
**P.O. Box 83720, Boise ID 83720-0063**  
**(208) 334-3233**

**LICENSURE FILE RECORDS REQUEST**

The Division requires that all requests for records be in writing. If the requested records are not being picked up in person, the requestor must provide a mailing address. In the case of requests for records that are exempt from third-party disclosure, requestors are required to provide identification in accordance with I. C. § 74-113. If the records you request pertain to you and are otherwise exempt from public disclosure (for example, your application or testing information), you must sign this form and have your signature notarized. **Do not use this form for license certification requests.**

Requestor Name: \_\_\_\_\_ License/Registration #: \_\_\_\_\_

Requestor Address: \_\_\_\_\_  
Street/ PO Box City State Zip

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

In order to expedite the response, please be as specific as possible as to what information you are requesting:

NOTE: Complaints and investigations are exempt from disclosure under Idaho Code 74-106(9) and 74-113(3)(a).

If you would like information sent to another state agency or third party, please provide the mailing or email address in the space below. Please be advised that the Division only provides documents to third parties that originated within the Division for the purpose of Idaho licensure, such as supervision reports or Board-administered exam scores. Documents such as birth certificates, marriage certificates and transcripts, if requested, will only be mailed directly to the person to which they pertain.

Contact Name/Agency: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/ PO Box City State Zip

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

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public Official Signature  
My Commission Expires \_\_\_\_\_