

**AFFIDAVIT AND RELEASE OF INFORMATION FROM APPLICANT**

I, \_\_\_\_\_  
(Applicant: print your complete name)

hereby certify under oath that I am the person named in this application; that all information given in this application is true and accurate to the best of my knowledge, and that the photographs enclosed are recent photographs of me.

I understand that (1) falsification of this application, or (2) the submission of any falsified education documents to AAVSB, or (3) the submission of any falsified AAVSB VIVA® documents to other agencies, may be sufficient cause for AAVSB, to terminate my participation in the VIVA® *Credentials Verification Program*, to notify the regulatory boards of veterinary medicine, or to take other appropriate action.

I designate the American Association of Veterinary State Boards' Veterinary Information Verifying Agency to collect, verify and maintain information, and copies of documents and records that can subsequently be provided to professional licensing boards and other entities when I apply for licensure, employment or other privileges.

I request and authorize every person, educational institution, hospital, clinic, government agency (local, state, federal or international), court association, institution, or law enforcement agency having control of any documents, records, and other information pertaining to me to furnish to AAVSB any such information.

I authorize the AAVSB to release information, material, documents, orders or the like relating to me or this application to any federal, state or local governmental department or agency, to any animal health care entity, educational institution, or to any other organization or individual who, in the judgment of AAVSB, has a legitimate interest in such information, including but not limited AAVSB's Disciplinary Database.

I understand and agree that it is incumbent upon me to contact the veterinary board in the state or jurisdiction where I seek to be licensed to determine whether such state or jurisdiction accepts AAVSB VIVA® *Credentials packet* and whether I meet the requirements for licensure in that state or jurisdiction. I further understand that AAVSB makes no representations as to my eligibility for licensure as a veterinarian in any state or jurisdiction.

I hereby certify that I have read the AAVSB VIVA® Application and Instructions and have followed all procedures for the VIVA® application to the best of my abilities, and that the information provided in the application is true.

I hereby extend absolute immunity to, and release, discharge, and hold harmless the American Association of Veterinary State Boards and its Veterinary Information Verifying Agency, its agents or representatives and any person furnishing information, from any and all liability.

**ATTACH PHOTOGRAPH HERE**  
Seal, stamp, or signature of official must be legible and overlap a portion of both the attached photograph and application form. Do not cover the face in the photograph.

A photocopy or facsimile of this authorization shall be as valid as the original *and shall be valid from the date signed.*

**Applicant must sign his/her full name as it appears in English on the first line below, but only in the presence of one of the following officials who must complete the last two lines of the application: a Consular Official, First-Class Magistrate, or Notary Public. The seal, stamp or signature of the official must overlap a portion of both the attached photograph and**

Applicant's Signature (as it appears in English) \_\_\_\_\_

Applicants printed name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_ Applicant's Date of Birth: \_\_\_\_\_

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

X \_\_\_\_\_

Official Title \_\_\_\_\_

Signature of a Consular Official, a First-Class Magistrate, or a Notary Public (see box above). If official title and/or seal are not in English, AAVSB requires a translation. Alterations or erasures of any kind on this form will void this application.