

# RELEASE OF RECORDS FORM

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

TO: \_\_\_\_\_  
*(Doctor's Name)*

I, \_\_\_\_\_, authorize the release of the  
*(Your Name)*  
records of \_\_\_\_\_ to:  
*(Your name or name of dependant)*

The Board of Examiners in Optometry  
2800 N. Lincoln Blvd, Suite 201  
Oklahoma City, OK 73105

\_\_\_\_\_  
*(Your Signature)*

By State Law you must be advised that:

Pursuant to 63 O.S. Supp. 1992, Section 1-502, the information you authorize for release may include information that could be considered confidential information about communicable or venereal diseases which may include, but are not limited to, diseases such as Hepatitis, Syphilis, Gonorrhea and the Human Immunodeficiency Virus also known as Acquired Immune Deficiency Syndrome ("AIDS").