

LICENSE VERIFICATION REQUEST

USE THIS FORM TO REQUEST AN OFFICIAL LICENSE VERIFICATION TO BE SENT TO ANOTHER STATE

• INFORMATION & INSTRUCTIONS •

- **COMPLETE AND SUBMIT LICENSE VERIFICATION REQUEST:** This form must be mailed in. We cannot accept it electronically.
- **FEE: Official License Verification processing fee is \$20.00 per written request.** Submit a check or money order, made payable to the Minnesota Board of Social Work, with this form, and any other forms needed required by the 3rd party jurisdiction. **All fees submitted to the Board are nonrefundable.**
- **VERIFICATION REVIEW:** Typically takes 4-6 weeks from date received.

• LICENSEE DATA •

LICENSE NUMBER:	CURRENT LICENSE: <input type="checkbox"/> LSW <input type="checkbox"/> LGSW <input type="checkbox"/> LISW <input type="checkbox"/> LICSW (circle one)	
FULL NAME: (as it <u>currently</u> appears on your license certificate)		
LAST NAME:	FIRST NAME:	MIDDLE NAME:

• RECIPIENT INFORMATION •

You **MUST** provide an address and/or email for the license verification recipient.

RECIPIENT:

ADDRESS:

CITY:	STATE:	ZIP CODE:
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EMAIL ADDRESS:

I am requesting the license verification to be sent by (check one):

☐ Mail ☐ Email

Use the space below to include any additional information that you are requesting to be put with your verification.