

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: <i>(circle one)</i> | <input type="checkbox"/> LSW | <input type="checkbox"/> LGSW | <input type="checkbox"/> LISW | <input type="checkbox"/> LICSW |
| FULL NAME: <i>(as it currently appears on your license certificate)</i> | | | | | |
| 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: |
|-------|--------|-----------|

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.