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Commonwealth of Massachusetts
Division of Professional Licensure
BOARD OF REGISTRATION OF DISPENSING OPTICIANS
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UNDERSECRETARY OF
CONSUMER AFFAIRS AND
BUSINESS REGULATION

CHARLES BORSTEL
DIRECTOR, DIVISION OF
PROFESSIONAL LICENSURE

VERIFICATION REQUEST

Massachusetts' Licensee: Please provide the information requested below and forward this request to the address above **along with** a check or money order in the amount of \$15.00 for each letter requested. Please make the check or money order payable to: the Commonwealth of Massachusetts.

To Be Completed By Licensee (Please Print In Ink)

I, the undersigned Licensee, was granted a license to practice as a **Dispensing Optician**

with license number _____ on _____ in the Commonwealth of
(License #) (Date)

Massachusetts. I request that the Board of Registration of Dispensing Opticians forward verification of my licensure to the recipient stated below:

Name: _____

Street: _____

City: _____ State _____

Zip Code: _____

Furthermore, I hereby **authorize** the Board of Registration of Dispensing Opticians to release my information, **favorable or otherwise**, directly to the above stated recipient.

Licensee's signature & Date _____

Licensee's printed or typed name _____

Licensee's Address: _____

Licensee's phone #: _____

