

**SC BOARD OF PHYSICAL THERAPY EXAMINERS
P. O. BOX 11329, COLUMBIA, S.C. 29211-1329
(803) 896-4655**

Release of Information

Personal and Confidential

By my signature below, I give my permission for the South Carolina Board of Physical Therapy Examiners to make written and/or oral contact with the individual against whom I am making a complaint for the purpose of sharing and receiving information regarding the complaint. I further extend this permission for written and/or oral contact with any witnesses or other parties as the Board or Investigator deem necessary to investigate or otherwise act on my complaint. I also give the Investigator access to all treatment records which may be maintained.

Signature

Date

Witness

Date