

**South Dakota Board of Examiners of Psychologists**

810 N. Main St., #298

Spearfish, SD 57783-2447

**RELEASE AND WAIVER FOR SUPERVISORS**

INSTRUCTIONS: You must complete this form and send to your supervisors along with the appropriate supervisory form. Please make enough copies of this Release and Waiver Form so that you can sign an original for each supervisor.

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I, \_\_\_\_\_, the applicant named in the attached and foregoing application for licensure as a Psychologist in South Dakota, do hereby authorize \_\_\_\_\_

\_\_\_\_\_ to release all information in its possession that relates or may relate to my fitness to practice psychology to the South Dakota Board of Examiners of Psychologists or its designee, and I authorize the South Dakota Board of Examiners of Psychologists or its agents or employees to consider any or all such information in approving South Dakota criteria for licensure from the attached application. This authorization, release and waiver specifically applies to all information in possession of the above named supervisor to release such information to the South Dakota Board of Examiners of Psychologists or its designee.

I hereby also specifically waive any procedural due process rights, whether based in common law, statute or constitution of any state, province or the United States, that would otherwise entitle me to a hearing before release of the materials referred to above.

In consideration of the above-named supervisor releasing any information in its possession concerning me, I \_\_\_\_\_, on behalf of myself, my spouse, legal representatives, heirs and assigns, hereby release, waive, discharge, and agree to hold harmless and indemnify \_\_\_\_\_,

(NAME OF SUPERVISOR)

the State of South Dakota, the South Dakota Board of Examiners of Psychologists and their officers, agents and employees from and against any and all claims, actions, suits, damages, and liabilities arising or allegedly arising from the release of the information.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

Applicant

\_\_\_\_\_

Witness

\_\_\_\_\_

Witness

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me,  
\_\_\_\_\_, the undersigned officer, personally appeared  
\_\_\_\_\_, known to me or satisfactorily proved to be  
the person whose name is subscribed to the within instrument and acknowledged to me that \_\_\_\_\_ he executed the same for  
the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on the date above first written.

\_\_\_\_\_  
Notary Public

State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(SEAL)