

Form E – PSYCHOLOGICAL DISABILITY VERIFICATION FORM

> NOTICE TO APPLICANT:

Form E – NST AUTHORIZATION is to be completed by you. **Please complete, sign and have this page notarized before submitting the entire Form E to your licensed healthcare professional for completion.**

Form E, is to be completed by the licensed healthcare professional who is/was most recently involved in the treatment of your disability or disabilities.

Applicant's Name: _____

Date of Birth: _____ SSN: XXX-XX-_____

Form E: Psychological Disability: psychological

I hereby authorize the release of the information requested on this form, and I request that all such additional items supporting my disability be attached to this form and returned to me for submission to the Virginia Board of Bar Examiners.

Signature of Applicant

Commonwealth/State/District of _____

County/City of _____

I, a Notary Public of such County/City, certify that on this day personally appeared before me

who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this _____ day of _____, _____

My commission expires on _____, _____

Notary Public

Registration Number (if applicable) _____

NOTARY SEAL (must be affixed)

Revised September 2016