

## ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS** 8100 SEATON PLACE--SUITE A **MONTGOMERY AL 36116** (334) 395-5112

(334) 395-5117(fax)





## **LICENSE VERIFICATION REQUEST AND AUTHORIZATION:**

Name: <u>MARY CO</u>	OLEMAN TODD	License #: 4	<u>1925</u>
I authorize the Alabama State Board of Veterinary Medical Examiners to release information in regards to the status and standing of my license to practice veterinary medicine and/or surgery in the State of Alabama			
ALABAMA BOARD VERIFICATION:			
APPLICANT LICENSE NU	MBER: <u>4925</u>	DATE ISSUED:	06/29/1999
Qualifications for license in y issue: Current License Status:		E - MS 1999, the STAT ATUS EXPIRATION	
Disciplinary Action?	☑ NO	☐ YES	<b>.</b>
Current Disciplinary Action?	☑ NO	☐ YES	}
Pending Disciplinary Action	$\mathbf{\nabla}_{\mathbf{NO}}$	☐ YES	<b>.</b>
If yes to any disciplinary action, you will find attached a certified copy of the Finding of Fact, Conclusions of Law, and /or Final Order, or the charges of a pending case.			
Board Signature:	Tammy S. Carrile	Date: <u>05/30/20</u>	<u>025</u>

**Executive Director**