

8100 SEATON PLACE--SUITE A **MONTGOMERY AL 36116** (334) 395-5112 (334) 395-5117(fax) Tammy S Cargile Executive Director



ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS**



LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: <u>KYLE ROLFE</u>		License #: 2	7 <u>393</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 NUMBER	a: <u>7393</u>	DATE ISSUED:	06/04/2020
Qualifications for license in year of issue:	<u>GRADUA</u>	TE - AU 2020, the STA	TE EXAM
Current License Status:	<u>ACTIVE S</u>	STATUS EXPIRATION	DATE. 12/31/2025
Disciplinary Action?	☑ NO	☐ YES	S
Current Disciplinary Action?	☑ NO	☐ YES	S
Pending Disciplinary Action?	☑ NO	☐ YES	S
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. Cargile Executive Director			