



MISSISSIPPI STATE BOARD OF OPTOMETRY

VERIFICATION OF LICENSE FORM

- Complete this form in its entirety.
- Mail or email completed form to:
Mississippi State Board of Optometry
5 Old River Place, Suite 105, Jackson, Mississippi 39202-3449
info@msbo.ms.gov

Verification of license will be mailed or emailed within five (5) business days of receipt of your request form.

Name as it appears on your Mississippi Optometry license *License Number*

Current Name (if different from above)

Mailing Address

City *State* *Zip Code*

State Licensing Agency you wish information mailed or emailed to:

Licensing Agency

Address

City *State* *Zip Code*

Email Address

Licensee's Signature *Date of Request*

MSBO USE ONLY

Date Processed by MSBO	By
-------------------------------	-----------