Please complete the information below to request a medical waiver for fingerprinting. If approved, the wavier would automatically initiate a name check for a pending Criminal Background Check. This request can only be made by the individual for whom the background check is being authorized.

|  |  |  |
| --- | --- | --- |
| * **Indicates Required Information** | |  |
| **Individual Information** | |  |
| * NMLS Unique ID: | |  |
|  | |  |
| * Legal First Name: | |  |
| Middle Name: | |  |
| * Legal Last Name: | |  |
|  | |  |
| * Company Affiliated with: | |  |
|  | |  |
| * Company NMLS Unique ID: | |  |
|  | |  |
| * Jurisdictions where licensed and/or applying for licensure: | |  |
|  | |  |
| * Reason for Medical Waiver: | |  |
|  | | |
|  | | |
|  | | |
| **Required Documentation Attached (**indicate all relevant**):** | | |
| **Must provide:** | **AND one of the following:** | |
| Letter from Individual Requesting Waiver | Letter from a Medical Doctor  Letter from Employing Company | |

**Under penalties of perjury, I declare that the information contained in this form and all accompanying documentation is true, correct, and complete.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |