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 |       |