#

**TEXAS STATE BOARD OF PHARMACY**

1801 Congress Avenue, Suite 13.100 ✯ Austin, Texas 78701 ✯ 512-305-8000

**Law Enforcement Access Portal (LEAP)**

**Access Request Form for Law Enforcement**

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| **LAW ENFORCEMENT OFFICIAL’S INFORMATION:** |
| First Name: |   | Last Name: |   |
| Title: |   | Badge Number:  |   |
| Date of Birth: |   | TCOLE Number: | If applicable  |
| Driver’s License Number: |   | Last 4 Digits of SSN: |   |
| Office Phone Number: |   | Cell Phone Number: |   |
| Email Address: |   |

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| **LAW ENFORCEMENT AGENCY’S INFORMATION:** |
| Agency Name: |   |
| Agency Address: |   |
| City: |   | State & ZIP Code: |   |
| Phone Number: |   | ORI Number: |   |

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| **SUPERVISOR’S INFORMATION:** |
| First Name: |   | Last Name: |   |
| Title: |   | Phone Number:  |   |
| Email Address: |   |

[ ]  I understand that under section 481.076(a)(3) of the Texas Controlled Substances Act, Texas Prescription Monitoring Program (PMP) information may only be released to a law enforcement official if that official is engaged in the administration, investigation, or enforcement of a law governing illicit drugs.

[ ]  I understand that under section 481.127 of the Texas Controlled Substances Act, knowingly obtaining, giving, or permitting unauthorized access to PMP information is a state jail felony.

[ ]  I understand that I am personally responsible for all usage associated with my LEAP user ID.

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| Signature: |  | Date: |   |

Sworn to and subscribed before me in the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC

My commission expires:

Notary Public Seal