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**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 Prosecuting Attorneys**

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| --- | --- | --- | --- |
| **PROSECUTING ATTORNEY’S INFORMATION:** | | | |
| First Name: |  | Last Name: |  |
| Bar Number: |  | Bar State: |  |
| Date of Birth: |  | Last 4 Digits of SSN: |  |
| Driver’s License Number: |  | Phone Number: |  |
| Email Address: | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYER INFORMATION:** | | | |
| Name: | |  | |
| Address: | |  | |
| City: |  | State & ZIP Code: |  |
| Phone Number: |  |  |  |

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 prosecuting attorney if that attorney 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.

|  |  |  |  |
| --- | --- | --- | --- |
| 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