



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

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:	

LAW ENFORCEMENT AGENCY'S INFORMATION:

Agency Name:	
Agency Address:	
City:	State & ZIP Code:
Phone Number:	ORI Number:

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.

Signature: _____ Date: _____

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

My commission expires:

Notary Public Seal

NOTARY PUBLIC