



TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Ste. 3-500 ★ Austin, Texas 78701 ★ 512-305-8000

LAW ENFORCEMENT ACCESS PORTAL (LEAP) ACCESS REQUEST FORM FOR PROSECUTING ATTORNEYS

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__.

My commission expires:

Notary Public Seal

NOTARY PUBLIC