

# MIDDLE TENNESSEE SCHOOL OF ANESTHESIA



## Verification Requests

Please FAX a signed release ATTN: Karin to (615) 868-9885  
or mail to:

MTSA  
P.O. Box 6414  
Madison, TN 37116  
RE: Verification Request

There is no charge for verifications.

(Release must be hand signed and dated. Please include the individual's social security number and date of birth)

*Please allow 2 working days to process your  
verification request once we receive it.*  
*If you need additional information call (615) 868-6503  
or e-mail at [info@mtsa.edu](mailto:info@mtsa.edu)*