



**ALABAMA BOARD OF COURT
REPORTING**

P.O. Box 241565
PH: (334) 328-7708
www.abcr.alabama.gov



LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: **Diana Lynn Battles**

License #: **6**

I authorize the Alabama Board of Court Reporting to release information in regards to the status of my license in the State of Alabama.

ALABAMA BOARD VERIFICATION:

LICENSE #: **6**

DATE ISSUED: **10/01/2007**

Current License Status: **EXPIRED STATUS EXPIRATION DATE: 12/31/2011**

Board Signature: _____

Victor K. Biebighauser

**Victor Biebighauser
Executive Director**

Date: **04/01/2026**