

AUTHORIZATION FOR RELEASE OF INFORMATION

I have applied for employment as a resident physician at the University of New Mexico. I consent to complete disclosure of all relevant information pertaining to my professional qualifications, moral character, physical and mental health, and authorize you to make available to UNM all such information in your files from any university, professional school, licensing authority, accreditation board, hospital, physician, dentist, professional society, insurance company, law enforcement agency, military service, or other person or entity as deemed necessary and appropriate in the investigation and processing of this professional application.

I authorize you to release any information and I expressly waive any claim of privilege or privacy with respect to any information you release bearing on my admission to, retention, restriction, or termination at UNM, and I release and discharge, UNM School of Medicine, UNM Board of Regents, their agents, servants or employees, and all persons or entities supplying information to them from liability or claims of any kind or character in any way arising out of inquiries concerning me or disclosures made in good faith in connection with my application for employment at UNM.

Applicant's Name- Printed

Signature of Applicant

Date

Witness

Date