



RELEASE OF INFORMATION FORM

I hereby authorize (Name of Medical School(s)) to release any and all information requested by the Georgia Regents University in order for them to verify my professional competence, ethics, character, credentials, academic record and other qualifications for a House Officer appointment. In doing so, I hereby waive any rights of confidentiality in these records, including these granted by the Family Education Rights and Privacy Act, and I release and hold harmless anyone making good faith use of such information in accordance with this release.

Name of Training Program

Print/Type Name (First, Middle, Last Name), Jr./Sr., etc.

Social Security Number

Signature

Date