



EAST TENNESSEE STATE
UNIVERSITY

Release Of Information Form:

I hereby allow and authorize _____ to provide any and all training programs, medical organizations, hospitals, boards, licensing agencies and other professional entities and their representatives with information regarding my training and/or employment at _____ to include not only information for verification but also including but not limited to information regarding the dates and nature of my training/employment, evaluative information regarding the quality of my performance and professional competence, malpractice or other claims, and any disciplinary action I may have received. I hereby release from liability _____ its trustees, Medical Staff, physicians, employees and agents who provide information in response to this request.

DATE: _____

SIGNATURE: _____

PRINT NAME: _____

EMAIL: _____

PHONE: _____