



School of Medicine
Office of Medical Education

Consent to Release of Information to LSU Health Sciences Center New Orleans and Release from Liability:

I, the undersigned, do hereby consent and give authority to _____ and its representatives to the release of information / documents to LSU Health Sciences Center New Orleans pertaining to my performance in the _____ training program at _____. Such information may include but is not limited to training dates, summaries of academic performance, any disciplinary actions which may have occurred, my status with the program at the time of separation from the program and other contents of my resident file which might be necessary to consider my application to LSU.

I hereby release from liability _____ and its agents and/or representatives from any liability from any and all of their activities conducted in association with this authorization.

Name

Signature

Date