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RELEASE OF INFORMATION

I hereby authorize the UCSF Fresno Medical Education Program, and any of its agents, to investigate all issues and matters related to my medical school training, previous residency training, medical licensure, employment, references, and any other matters related to my training record, without giving me prior notice of such disclosure. Such investigation may consist of phone calls, written/electronic requests for verification, and/or photocopying of documents and/or credentials.

I hereby release UCSF Fresno Medical Education Program, any of its agents, and any other persons, institutions, or agencies from all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I hereby acknowledge that a photocopy of my signature below may be used to obtain information regarding this investigation.

This authorization may be used during my application process for a residency/fellowship position and/or as long as I am a resident/fellow in the UCSF Fresno Medical Education Program.

Signature: _____ **Date:** _____

First Name: _____ **M.I.** _____ **Last Name:** _____