



*Office of the Dean*

## **MOREHOUSE SCHOOL OF MEDICINE**

### **CANDIDATE CONSENT AND RELEASE**

I hereby authorize individuals, organizations, previous employers, and schools to provide any information they may have regarding me, whether or not it is in their records. This may include otherwise privileged or confidential information relative to my professional qualifications, credentials, clinical and/or professional competence, character, mental, moral behavior or any matter having bearing on my consideration of a practice opportunity offered by or through:

### **MOREHOUSE SCHOOL OF MEDICINE**

I release all individuals, organizations, previous employers, and schools from all liability for any damage which may result from issuing this information.

Further, I extend to the **MOREHOUSE SCHOOL OF MEDICINE** its authorized representatives, and any third parties absolute immunity and release from liability for information gathered from public records and/or interviews as outlined above.

I agree that a photocopy of this authorization is to be accepted with the same authority as the original, and I specifically waive written notice from any present or former employer and/or organization who may provide information based upon this authorized request.

I, \_\_\_\_\_, authorize to release said information to the organization named above and its authorized representatives, upon receipt.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
SSN #