

AUTHORIZATION AND RELEASE

I hereby authorize the University at Buffalo (“UB”), including its individual employees, officers and agents, to request, obtain, review and verify any and all information in any form that UB deems relevant to its consideration of my application for admission to the UB residency or fellowship program. I understand and agree that such information may include, without limitation, information relating to my education and training, character and professional competence (including quality assurance and other privileged information), and that UB may seek such information from other individuals, institutions and organizations that may include, without limitation, educational institutions, individual educators and professionals, licensing boards, professional certification boards, medical facilities, group medical practices and malpractice insurance carriers. I hereby authorize all individuals, institutions and organizations contacted by UB, its employees or agents for this purpose to provide all such information to them, and I acknowledge that UB, its officers and employees and all such other individuals, institutions and organizations may rely upon my authorization contained in this document and need seek no further authorization from me for this purpose.

I hereby release from all liability the State University of New York, UB and their employees, officers and agents, and such other individuals, institutions or organizations, and their respective heirs and assignees, for all acts performed and statements made in good faith and without malice in connection with the request, provision, obtaining, review and verification of information that UB deems relevant to its evaluation of my application for admission to the UB residency or fellowship program.

Signature: _____

Name: _____

Date: _____