



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