



School of Medicine
Office of Medical Education

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

I, the undersigned, do hereby consent and give authority to LSU and its representatives to the release of information / documents pertaining to my performance in my training program in _____ at LSU Health Sciences New Orleans. Such information may include but is not limited to 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 requested by _____ to whom this release is limited.

I hereby release from liability LSU Health Sciences Center New Orleans 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