



The University of Utah

Graduate Medical Education

RELEASE OF INFORMATION AGREEMENT

I hereby apply for a State of Utah Physician license during my appointment as a houseofficer at the University of Utah Affiliated Hospitals. I recognize my responsibility to ensure that my State of Utah Physician application is accurate and complete. I agree that any significant misrepresentation, misstatement, or omission from my Physician application, intentional or not, may be the cause for rejection or denial of this application and release from my houseofficer agreement.

I agree to abide by the terms as set forth in the houseofficer agreement. I hereby authorize the University of Utah, Graduate Medical Education office, its agents, officers, and employees acting without malice to consult with any third party for the receipt and/or verification of such data or information as I have indicated on my Physician license application. I authorize said third parties to release the requested information to the Graduate Medical Education office, its agents, officers, or employees upon request. I hereby hold harmless all representatives of the Graduate Medical Education office in the collection of this information, and all individuals and organizations who provide information to the Graduate Medical Education office or its representatives.

Signature:

Date:

Printed Name: