

## Summative Letter

### RELEASE OF INFORMATION

I, \_\_\_\_\_, M.D., have reviewed the contents of the summative letter dated \_\_\_\_\_, and have had an opportunity to discuss the contents of this letter with my program director. I understand that, following completion of my residency, members of the faculty or staff of the University of Arizona College of Medicine may receive requests for information regarding my education, training, experience, qualifications and job performance for purposes of evaluating me for employment. I agree that, should such requests for information be made either at my request or for any other reason, a copy of the summative letter may be sent to the requesting party. My signature below constitutes continuing permission to the College of Medicine to distribute copies of this summative letter to individuals requesting information regarding my training at the University of Arizona College of Medicine, and I agree that it will not be necessary for the College of Medicine to send me a copy of such letter each time it responds to an inquiry. I hereby release the University, its College of Medicine, and any person authorized by them to release this information to inquiring entities, from any and all liability and claims, causes of action and damages arising out of the disclosure of the information contained in the summative letter, and any other information released in good faith and without actual malice.

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Signature

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Printed Name