

Rutgers New Jersey Medical School
Malpractice Release Form

Instructions: Please complete the following release form and return to the Graduate Medical Education Office. Processing takes 2-3 weeks from date of receipt.

Graduate Medical Education
185 South Orange Avenue
MSB, C594
Newark, NJ 07101

I hereby authorize Rutgers to furnish professional liability loss experience information. I hereby hold harmless and release The State of New Jersey, Rutgers New Jersey Medical School, its employees and agents from any and all liability or damages which might arise as a result of the release of information by the Rutgers Professional and General Liability Program of Self-Insurance.

Name

Date of Birth

Last Four Digits of SS #

Program

Dates of Association (i.e. 07/01/90 – 06/30/91)

Signature and Date

Please submit completed verification to (e.g. potential employer, licensing agency, yourself etc.):

Name: _____

Address: _____

City, State & Zip Code: _____

Telephone: _____

Fax: _____