

Authorization and Release

I authorize NYU Grossman School of Medicine to release any files, records, and/or information required to process my applications for licensure, additional training and/or medical staff privileges (the "Application(s)").

I hereby release and discharge NYU Grossman School of Medicine and NYU Langone Hospitals, and their respective past, present, and future trustees, officers, directors, administrators, committees, committee members, faculty, staff, attorneys, employees, agents, representatives, successors, and assigns ("Releasees") from any and all liability, claims, suits, actions and/or causes of action, relating to or in any manner arising out of the provision of any information that may be relevant to an evaluation of my professional qualifications, including but not limited to information about disciplinary actions or other credentials or confidential information ("Credentialing Information"), in connection with the Application(s). I further agree and covenant not to initiate litigation, arbitration or any administrative complaints against Releasees arising out of the provision of such Credentialing Information.

Further, I agree to indemnify, defend and hold the Releasees harmless, from any and all liability to third parties for providing any Credentialing Information.

By signing the below, I acknowledge that I have read and I understand the foregoing Authorization and Release, and I am executing this Authorization and Release voluntarily, knowingly, and with full understanding of its contents, meaning and consequences, without any coercion. I further acknowledge and agree that a facsimile or photocopy of this Authorization and Release shall be as effective as the original.

Signature: _____

Print Name: _____

Date: _____