

## **Credentialing Release of Information Authorization**

In order for the	to access and verify my educational
background, professional qualifications and suitab	oility for appointment, I hereby authorize the
Insert Facility Name	make inquiries and consult with all persons, places of
employment, education, malpractice carriers, State licensing boards, or other similar government and non-governmental entities who have or may have information bearing on my moral, ethical and professional qualifications and competence to carry out the privileges I have requested.	
include not only the requested information for veri action, or other claim brought against me for malp	of related records and/or documents to VA officials to fication but information concerning each lawsuit, civil practice or negligence; each disciplinary action under included investigations; and any changes in the status of
I authorize the VA to disclose to such persons, en other information about me sufficient to enable the	nployers, institutions, boards or agencies identifying and e VA to make such inquiries.
I release from liability all those who provide information to the Department of Veterans Affairs in good faith and without malice in response to such inquiries.	
Full Name	Date
Signature	