

**Whatcom Alliance for Healthcare Access
Physician Recruitment & Retention Program**

Authorization to Release Information

I authorize previous employers and references to provide information concerning my credentials, employment history, personal character, habits, or other pertinent information. I also consent to the release of any information pertinent to the position for which I have applied including but not limited to background information and credit history. In addition, I authorize contacting my current employer at a mutually agreed upon time. I hereby release all persons from liability or damages incurred as a result of inquiry and furnishing this information.

Applicant's Signature

Date

Applicant's Name (please print)

Applicant's Social Security #