



Authorization for the Release of Information

I hereby authorize The George Washington University and its representatives to release information, including but not limited to all documents that may be material to any claim in which I have been a defendant while insured by The George Washington University to:

I hereby release from liability all representatives of The George Washington University for their acts performed in good faith and without malice in connection with the release of information regarding my professional liability insurance coverage and my professional liability claims history, and I hereby consent to the release of such information.

A photocopy of this form shall have the same effect as the original.

Signature

Date

Printed Name

Date of Birth