

**UW Professional Liability Claims and Coverage History Release Form**

I hereby authorize University of Washington Compliance and Risk Services, and their authorized representatives to inquire of prior and current associates and others, about any information bearing my professional liability (malpractice) history. I also authorize the use of third party vendors to conduct such inquiries. I further consent to the release of such information, records, recommendations and documents to:

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(Requesting Agency)

and their authorized representatives.

I release from liability the Board of Regents of the University of Washington, and their authorized representatives for all acts performed and statement made, in substantial good faith and without malice, in connection with inquiries and evaluation regarding my UW professional liability (malpractice) claims coverage history. I further release from liability any and all individuals and organizations who provide information, records, and documents to:

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(Requesting Agency)

and its medical staff, in substantial good faith and without malice, concerning my professional liability (malpractice) claims and coverage history.

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Signature

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Date

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Printed full name