

AUTHORIZATION AND RELEASE

I hereby authorize SUNY Upstate Medical University (“Upstate”), including its individual employees, officers and agents, to request, obtain, review and verify any and all information in any form that Upstate deems relevant to my admission to the Upstate residency or fellowship program. I understand and agree that such information may include, without limitation, information relating to my education and training, character and professional competence (including quality assurance and other privileged information), and that Upstate may seek such information from other individuals, institutions and organizations that may include, without limitation, educational institutions, individual educators and professionals, licensing boards, professional certification boards, medical facilities, group medical practices and malpractice insurance carriers. I hereby authorize all individuals, institutions and organizations contacted by Upstate, its employees or agents for this purpose to provide all such information to them, and I acknowledge that Upstate, its officers and employees and all such other individuals, institutions and organizations may rely upon my authorization contained in this document and need seek no further authorization from me for this purpose.

I hereby release from all liability the State University of New York, Upstate Medical University and their employees, officers and agents, and such other individuals, institutions or organizations, and their respective heirs and assignees, for all acts performed and statements made in good faith and without malice in connection with the request, provision, obtaining, review and verification of information that Upstate deems relevant to my admission to the Upstate residency or fellowship training program.

Signature: _____

Print Name: _____

Date Signed: _____

**SUNY UPSTATE MEDICAL UNIVERSITY
INTERVIEW RECEIPT FORM**

RECEIVED	YES/NO
1. I have received a sample copy of the Terms of Resident Appointment from SUNY Upstate Medical University.	
2. I have received a copy of Upstate's current pay scale for each level of training.	
3. I understand that prior to my employment that a pre-employment drug screening is required.	
<p>4. I understand that if my program has a rotation at the VAMC Syracuse and I am a male, U.S. born or naturalized citizen, parolee, undocumented immigrant, asylum seeker, permanent resident or refugee, that I must have registered between the ages of 18 and 26 for the U.S. Selective Service (the registry used for United States armed service) in order to work at the VAMC Syracuse.</p> <p>If you are female, or a male on a current non-immigrant visa, or are applying to a program that does not rotate to the VAMC Syracuse, please put N/A (not applicable).</p>	

Name of Medical School

Printed Name

Signature

Date Signed

Interview Date