



## Credentialing Release of Information Authorization

In order for andros to access and verify my education background, professional qualifications and suitability for appointment, I hereby authorize the andros credentialing entity to make inquiries and consult with all persons, places of employment, educational institutions, 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.

I consent to the release of information about myself and I authorize release of such information and copies of related records and/or documents to andros to include not only the requested information for verification purposes but information concerning each lawsuit, civil action, or other claim brought against me for malpractice or negligence; each disciplinary action under consideration or taken; any open or previously concluded investigations; and any changes in the status of a credential and all supporting documentation related to the information provided.

I authorize andros to disclose to such persons, employers, institutions, boards, or agencies identifying and other information about me sufficient to enable andros to make such inquiries.

I release from liability all those who provide information to andros in good faith and without malice in response to such inquiries.

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Full Name

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Date

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Signature