

## **AUTHORIZATION FOR RELEASE**

I hereby authorize McLaren Physician Partners to contact the hospitals/schools/licensing agencies/insurance carriers listed on the attached application for credentials verification. I consent to the release of information for the purpose of proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubts about such qualifications, and release of liability and hold harmless any person or entity furnishing such information. This authorization covers the obtaining of information regarding any restrictions of privileges or disciplinary actions taken involving me. Any information obtained in this manner will be held confidential by MPP and its agents.

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