



Release of Information

By making application to KPS Locums staff, I hereby authorize KPS Locums to make an inquiry of any references and institutions in which I have been enrolled or by whom I have been employed or extended privileges, as to my qualifications, ethics and character.

I further authorize any of the above persons or institutions to forward any and all information their records may contain about me, and agree to hold them harmless from any action by me for their acts.

Signature (Applicant)

Please print or Type Full Name as Signed (Applicant)

Date