

**SHENANDOAH UNIVERSITY
PHYSICIAN ASSISTANT PROGRAM**

RELEASE OF INFORMATION

TO:

I am applying for employment. In furtherance of my application, I authorize the SU Physician Assistant Program (and its faculty, agents or employees) to release to the interested entities listed below or their agents any information concerning my academic achievement, abilities, competence, character, qualifications or any information relevant to my employment as a physician assistant. I release from any liability all individuals, entities and representatives who, with this expressed written consent, provide information about me at the request of the listed entities.

Please check below:

- | | |
|--|---|
| <input type="checkbox"/> Potential Employer | <input type="checkbox"/> Hospital Credentials Committee |
| <input type="checkbox"/> State Licensing Board | <input type="checkbox"/> School |
| <input type="checkbox"/> Other, describe: | |

Please forward reference letter to the following:

Full Name and Title:

Complete Address:

City:

State:

Zip:

Date Needed:

Handling Instructions: Mail Directly

Briefly write any information you wish the referee to include in the reference letter or special instructions for handling:

Signature of Student/Graduate

Printed Name of Student/Graduate

Date

Witness