



AUTHORIZATION FOR TCRMF TO RELEASE INFORMATION

(Please read the following statements, sign below, and send to prospective employer to submit with credentialing request)

I, _____, hereby authorize the Texas Council Risk Management Fund (TCRMF) to release any and all information relating to my professional liability claims history with TCRMF while employed by _____ (community center name) to _____ (prospective employer or their agent). I further release and hold harmless both TCRMF and _____ (prospective employer or their agent) from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by TCRMF will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

Signature of Employee

Date

Employee's Name - Printed