**FORM 1: RESIDENT’S REQUEST TO TRANSMIT FINAL EVALUATION**

To: GME

From: [Insert name of resident/fellow]

[Insert Date]

Re: Request to transmit Final Evaluation

I, [insert name of resident/fellow], understand, agree, and consent to the release of my Final Evaluation by UTHSC GME, in its sole discretion, to any accreditation, credentialing, Medical Staff appointment, transfer of residency, residency/fellowship, or quality committee or organization, institution of higher education, or healthcare regulatory boards, upon proper request as determined in the discretion of GME, or upon lawful order of a court or other authorized agency. This consent shall remain in effect and survive after the termination, lapse, or term of this Agreement. By my signature below, I waive and release UTHSC, its faculty and staff, from any and all claims and authorize this release of my Final Evaluation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident/Fellow signature