



Independent Healthcare Staffing, Inc

~ Of Nurses, For Nurses, By Nurses ~

APPLICATION AUTHORIZATION TO RELEASE INFORMATION

(Rev 1) 3/25/08

The undersigned, _____, hereby authorizes Independent Healthcare Staffing or any of its authorized representatives, agents and employees, bearing this Release or a copy thereof, to obtain any information in your files pertaining to the undersigned and his/her employment, education records (including, but not limited to academic achievement, attendance, and disciplinary records), medical records and any record of arrest with police agencies.

The undersigned voluntarily consents to the release of such information upon request of the bearer.

The undersigned directs you to release such information upon request of the bearer. This Release is executed with full knowledge and understanding that the information hereby requested and obtained is for use by Independent Healthcare Staffing, in connection with the possible employment of the undersigned by Independent Healthcare Staffing.

The undersigned hereby releases you, as custodian of such records, any school, college or university, or other educational institution; hospital or other repository of medical records; social service agency, police department, any employer, or retain business establishment including its officers, employees or related personnel both individually and collectively; and Independent Healthcare Staffing, its representatives, agents and employees from any and all liability for damages of whatever kind which may at any time result to the undersigned, his/her heirs, family or associates because of compliance with this authorization and request for information or any other attempt to comply with it.

The information hereby obtained by Independent Healthcare Staffing, is to be used only for the purposes of employment of the undersigned and may be made a part of the permanent personnel file of the undersigned upon such employment. I acknowledge receipt of a copy of this authorization.

Signature of Applicant

Print Name of Applicant

S.S. # _____