



Department of Biomedical Sciences

BACKGROUND CHECK RELEASE AUTHORIZATION FORM 2023

The undersigned hereby authorizes the University of Wisconsin-Milwaukee (UWM) Department of Biomedical Sciences to obtain a copy of their Background Check report. I also authorize UWM to provide such records to third parties for the purpose of evaluating my application for acceptance into a clinical placement. Such third parties and the Board of Regents of the University of Wisconsin System, its agents, employees, and officers, including the University of Wisconsin-Milwaukee, are hereby released of any liability that may arise from the disclosure of such information.

By affixing my signature, I represent that I have read and understand the above authorization and release.

Signature: _____ Date: _____

Print name: _____