



Biomedical Sciences Program

## **BACKGROUND CHECK RELEASE AUTHORIZATION FORM 2024**

The undersigned hereby authorizes the University of Wisconsin-Milwaukee (UWM) Biomedical Sciences Program 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: \_\_\_\_\_