

**University Hospital/UT Health
Histotechnology Training Program
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I authorize the University Health System, University Hospital/UT Health Department of Pathology, Histotechnology Training Program to release grades, transcripts, and give evaluations of my clinical and interpersonal skills to prospective schools and employers. I release the University Health System/UT Health Department of Pathology Histotechnology Training Program from all liability that may be incurred in furnishing such information.

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