The University of North Carolina at Chapel Hill (“UNC-Chapel Hill”) School of Medicine requires each applicant for visiting student status to execute this consent form so that: (1) it may obtain necessary information from the applicant's home medical school; and (2) to enable UNC-Chapel Hill to share information with the home medical school as part of the applicant’s enrollment and/or participation in an educational program at UNC-Chapel Hill.

I, ________________________________, hereby request and consent to the release of following information and documents from my education records (described below) from my home medical school to UNC-Chapel Hill School of Medicine:

1. standing and year in medical school;
2. tuition payment verification;
3. professional liability coverage;
4. health insurance coverage;
5. Information relating to my academic performance or conduct, including but not limited to transcripts, letters of recommendation, faculty evaluations, and records reflecting any disciplinary issues, sanctions or proceedings.

I further hereby authorize UNC-Chapel Hill to release the above-referenced information, if any, from my education records to my home medical school. The purpose of this disclosure is to enable my participation in an educational program at UNC-Chapel Hill as a visiting student, and to permit UNC-Chapel Hill to share information about me and my participation in a UNC-Chapel Hill program to my home medical school.

This Consent shall remain in effect until revoked.

I understand that any revocation of this Consent has only prospective effect and that this Consent cannot be withdrawn retroactively.

A copy of this consent form shall have the same force and effect as the original.

Signature ___________________________________________ Date ________________