**FORM 1
RESIDENT’S REQUEST TO RELEASE VERIFICATION OF RESIDENCY TRAINING AT THE UT COLLEGE OF MEDICINE CHATTANOOGA AND/OR TRANSMIT FINAL SUMMATIVE EVALUATION**

VIA: EMAIL FROM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(UT Official) include email address

To: Entity to whom information is being sent

For: [Full name of Resident or Fellow]

Date: [Current Date]

RE: Request to transmit Verification of Training and/or Final Summative Evaluation

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, direct that The UT College of Medicine Chattanooga GME office transmit a verified copy of a verification of my training and/or my Final Summative Evaluation to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the following email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

By my [electronic] signature below, I waive and release The UT College of Medicine Chattanooga, the GME Staff, and its faculty, from any and all claims and authorize this release of my residency verification and/or Final Summative Evaluation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed or signed name of Resident

Approved most recently by the GMEC at its 4/19/2022 meeting.