

AMERICAN BOARD  OF EYE SURGERY

**AUTHORIZATION TO FURNISH DOCUMENTS,
RECORDS, AND RECOMMENDATIONS PERTAINING TO:**

_____, M.D.,
**APPLICATION FOR THE AMERICAN BOARD OF EYE SURGERY'S
CERTIFICATION PROGRAM**

I, _____, M.D., hereby authorize schools, hospitals, references, and malpractice insurance carriers, as listed on my application, and the Board of Registration in Medicine to furnish information and recommendations bearing on my competence, character, and ethical qualifications to the American Board of Eye Surgery ("ABES"), in connection with my said application for certification with ABES.

I hereby release from any and all liability the person(s) or organization(s) furnishing such information or recommendations and also release from liability all representatives of ABES and its staff who evaluate such information and recommendations, so long as such information, recommendations and evaluations thereof are made in good faith and without malice in connection with my said application.

_____, M.D.
Applicant's Signature

Date: _____