

**University of Illinois at Chicago College of Medicine  
and its Participating Hospitals**

**AUTHORIZATION TO RELEASE SOCIAL SECURITY NUMBER AND  
DATE OF BIRTH, IF APPLICABLE, FOR TRAINEE REQUIREMENTS**

I, \_\_\_\_\_, hereby authorize the College of Medicine at the University of Illinois at Chicago to disclose my social security number and date of birth, if applicable, to the staff at the following **UIC participating hospitals; Advocate Christ Hospital and Medical Center, Advocate Illinois Masonic Medical Center, Advocate Lutheran General Hospital, Children’s Memorial Hospital of Chicago, Hartgrove Hospital, Jesse Brown Veterans Administration Medical Center, John H. Madden Health Center, MacNeal Hospital, St. Anthony Hospital, St. Joseph Hospital of Chicago**, (hereinafter “Advocate Christ Hospital and Medical Center, Advocate Illinois Masonic Medical Center, Advocate Lutheran General Hospital, Children’s Memorial Hospital of Chicago, Hartgrove Hospital, Jesse Brown Veterans Administration Medical Center, John H. Madden Health Center, MacNeal Hospital, St. Anthony Hospital, St. Joseph Hospital of Chicago”) for the purpose of facilitating the creation of an access code for me during my rotation as an UIC medical student at **Advocate Christ Hospital and Medical Center, Advocate Illinois Masonic Medical Center, Advocate Lutheran General Hospital, Children’s Memorial Hospital of Chicago, Hartgrove Hospital, Jesse Brown Veterans Administration Medical Center, John H. Madden Health Center, MacNeal Hospital, St. Anthony Hospital, St. Joseph Hospital of Chicago**.

In giving this authorization, I knowingly and willingly waive any and all privacy and confidentiality rights to which I am entitled under Federal, State or Local law or under University rules, regulations, statutes or policies related to the subject information.

I further agree to hold the Board of Trustees of the University of Illinois, its officers, employees, representatives, agents and assigns free and harmless of and from any and all lawsuits or causes of action which may arise as a result of this authorization.

\_\_\_\_\_  
Printed Name

M1 - M2 - M3 – M4 (circle one)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date