State Loan Repayment Program

# Release from Liability

I, Applicant’s Name, hereby release from liability the Louisiana Department of Health, its Secretary, Director, agents and employees for acts performed in good faith without malice in connection with evaluation of my application, credentials and qualifications, and hereby release from liability any and all individuals and organizations, who, in good faith and without malice provide information to the Louisiana Department of Health or to its authorized representatives concerning my professional competence, ethics or character. I further release from liability the Louisiana Department of Health, its Secretary, Director, agents and employees for the delivery of information to any third party as authorized herein.

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

Applicant Signature Date

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

Witness Date

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

Witness Date