REQUEST FOR VERIFICATION OF UMB STUDENT PROFESSIONAL MALPRACTICE COVERAGE AND /OR CLAIMS HISTORY

DATE:

GRADUATE'S NAME

LAST: MIDDLE: FIRST:

ALIAS (MAIDEN, PREVIOUS MARRIED NAME) USED DURING ENROLLMENTAT UMB:

IF SUPPLYING ALIAS, ATTACH PROOF OF NAME CHANGE.

GRADUATE'S CURRENT ADDRESS

STREET:

CITY, STATE, ZIP:

PHONE NUMBER:

GRADUATE'S CURRENT E-MAIL ADDRESS:

SCHOOL / DEPARTMENT ATTENDED/ GRADUATED

SCHOOL: DEPARTMENT:

YEARS ENROLLED: DEGREES:

EMPLOYER/INSTITUTION REQUESTING INFORMATION

NAME:

ADDRESS:

CITY, STATE, ZIP:

CONTACT PERSON:

CONTACT PERSON E-MAIL:

PHONE:

I, the above listed UMB graduate, authorize UMB to request release of confirmation of my student professional liability (malpractice) coverage and any related claims history to the institution listed above.   I understand that UMB will be requesting and obtaining the information from third parties and thus cannot be responsible for the timeliness, accuracy or completeness of the information provided.   I release and hold harmless UMB and the State of Maryland with regard to any claims or liability that may result from response to this request, or failure to act on this request, by UMB, the State of Maryland, or the professional liability insurance carrier(s).

Signature _____   Date _____

***The graduate **must** accompany this request with an enrollment verification from the University of Maryland Baltimore, Office of the Registrar. A copy of the enrollment verification can be sent directly from the Office of the Registrar to the Office of Risk Management (address provided) by using the link below.   Requests **cannot** be processed without an enrollment verification.

https://surfs.umaryland.edu/umbhtml/enrollverreq.html

Please fax or e-mail the completed and **signed** release form to:

Risk Management Division
220 N. Arch Street, 14th Floor
Baltimore, Maryland   21201
FAX: (410)706-0954
UMBRiskManagement@umaryland.edu

Allow up to 21 days for processing.