

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

DATE:

LAST:

MIDDLE:

FIRST:

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

IF SUPPLYING ALIAS, ATTACH PROOF OF NAME CHANGE.

STREET:

CITY, STATE, ZIP:

PHONE NUMBER:

-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 _____ (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

Baltimore, Maryland 21201

FAX: (410)706-

Allow up to 21 days for processing.