

REQUEST FOR RELEASE OF THE MSPR

I request the Office of the Associate Dean (Undergraduate Medical Education), Cumming School of Medicine, The University of Calgary, release to the party or parties named on this document the current version of my official Medical Student Performance Record (*The MSPR*). I acknowledge that I have read, understood, and agree to the following conditions under which the letter will be released.

1. I recognize that the MSPR is provided only to interested parties external to the undergraduate program of the Cumming School of Medicine at the request of the student or the Associate Dean (UME). A copy of the letter will be sent to me prior to the MSPR being submitted to CaRMS.
2. I understand that the letter is compiled from my summative/certifying evaluations according to UME policy (Medical Student Performance Record). Results under appeal will be reported as “pending” with an updated letter provided once the appeal process has been completed. I have been given the opportunity to review my evaluation record in my UME file and/or on One45. I accept that the MSPR letter has been, and any updates will be, prepared in good faith and without malice as an objective assessment of my performance in the MD program of the Cumming School of Medicine, University of Calgary.
3. I, therefore, undertake not to bring, now or in the future, any type of legal action against the University of Calgary, any of its administrative officers, or individual members of the Cumming School of Medicine with respect to any statements of fact or opinion contained within the MSPR or subsequent updates to it, or with respect to any actions taken by the parties to whom release is authorized in this document as a result of the receipt of my MSPR or subsequent updates to it.
4. My signature on this release form authorizes the Undergraduate Medical Education Department to update my MSPR as new evaluative information is received and to release updates of the letter with my approval to the party or parties named in this document, or upon my specific written request to the party or parties listed in my written request. The terms of this release apply to any updates.

(Student's Name) **Please Print**

(Student's Name) **Signature**

Witness

Date

June 2019
