Cornell University Columbia University

Weill Cornell Medicine Medical Center

# RECIPROCAL FACULTY APPOINTMENT RELEASE AND COMPLIANCE FORM

To Whom It May Concern:

I hereby authorize CORNELL/COLUMBIA (circle one) University to release any or all of my faculty appointment file in conjunction with the recommendations that I receive a reciprocal faculty appointment at CORNELL/COLUMBIA (circle one) University.

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Date Signature

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 Printed Name

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 Department