

Part XXI. Release of Information Authorization Form

Student ID # _____

AUTHORIZATION TO RELEASE INFORMATION

I authorize the affiliate coordinator at Southeast Tech where I am enrolled to provide the following information to prospective clinical/practicum sites and/or employers.

1. Results of criminal background checks
2. Results of drug screens
3. Results of physical form and immunization records

Print Student Name

Program

Student Signature

Date

TO STUDENT: Please sign and return this authorization to your program instructor. This authorization will be filed in your program student file.