

**INSTRUCTOR AUTHORIZATION TO RELEASE INFORMATION**

I authorize that the instructors of the program at Southeast Tech in which I am enrolled may provide the following information to prospective clinical/practicum sites and/or employers.

- 1. School/program activities
- 2. Degrees, awards, Certificate of Completion
- 3. Most current GPA/most current program GPA/unofficial transcript/current course grade
- 4. Synopsis of clinical experience
- 5. Information regarding attendance and behaviors in didactic and/or clinical experiences
- 6. Recommendation for employment

\_\_\_\_\_  
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.