



**STUDENT OR EMPLOYEE
RELEASE FORM**

I _____ (print name) give authorization for HCI College to release my VTECH/FDLE background, as well as any medical information, including drug screen results to all clinical sites for required clinical rotation. I further understand that any clinical site can refuse my clinical rotations at their facility based on the results of my background and medical screening.

Print Student Name

Student Signature

Date

Witnessed By:

Print Admissions Representative

Admissions Representative Signature

Date