

Mount Wachusett Community College

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RELEASE FORM

Required for all Health Science Students

INSTRUCTIONS TO STUDENT

1. Please clearly print the information needed to release your immunization and physical examination records to your clinical site.
2. Sign and date from.

AUTHORIZATION FORM RELEASE OF MEDICAL INFORMATION

I HEREBY AUTHORIZE Mount Wachusett Community College to forward my immunization records and physical examination (when applicable) to my clinical site(s) for the duration of my enrollment in this Health Science Program: ***Please print clearly.***

(Student's Name)

(Student's Address)

(City)

(State)

(Zip)

(Program)

(Student's Signature)

(Student's ID#)

(Date)