

Mount Wachusett Community College

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Attention: Student Services

RELEASE FORM

Required for all Veterinary Technology 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) and externship site(s) for the duration of my enrollment in the Veterinary Technology Program: *Please print clearly.*

(Student's Name)

(Student's Address)

(City)

(State)

(Zip)

(Program)

(Student's Signature)

(Student's ID#)

(Date)