

***Please note:** You need to download and save the document to your computer first. Then re-open the document to activate the digital signature box so you can digitally sign and email the completed form. You must have Adobe Reader in order to digital sign the form. Do not click the lock document after signing the form.

Waiver for Release of Personal Information

Student Information

Student Name: _____ Student ID#: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Release Statement

Mohave Community College presents courses, labs or workshops as a part of the Physical Therapist Assistant program in collaboration with diverse public and private health organizations, including health agencies, hospitals and clinics. Those collaborating organizations permit the College to conduct such courses within each organization's facilities, but require that all participants, whether instructors or students, furnish qualifying health records and information, including but not limited to, immunizations, titer results, results of drug screens, the individual's contagious disease history, background check, and fingerprint card, and a copy of a valid CPR card. The collaborating organizations established health requirements may vary.

By signing below, I am stating that I understand the above statement, and hereby authorize Mohave Community College to release any of my records and information in their possession to such organizations, for the purpose of qualifying me to participate in such instructional courses, labs or workshops.

Student Name: _____ Date: _____

Student Signature: _____