



Facilities in which students must complete their clinical experience may require KCC to release certain student information as a condition for placement. The student information includes, but is not limited to: criminal background check, drug screen results, CPR certification, physical form, and immunization records. This authorization is for the duration of active enrollment in a health career program.

I agree to authorize KCC to release the above documentation as requested by clinical facilities. I understand that failure to agree to this release of information may prevent me from participating in a clinical experience, and thus completing necessary Health Career program requirements.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Student signature (parent/guardian if applicant is under legal age)

Please return this form to: Kankakee Community College Health Careers Division office – Room W102