



**AUTHORIZATION TO RELEASE ALL UPDATED CLINICAL CLEARANCE SHEETS INTERNALLY**

Throughout any Allied Health program, a student's Clinical Clearance form will need to be updated with new immunizations, CPR renewals, and other requisites.

By signing this form, I am giving permission to the NHTI Health Services staff to send any updated Clinical Clearance form to the appropriate staff or faculty within my program AND my Clinical site by either email or fax. This will enable my Department and my Clinical site to know that I am up-to-date with my Clinical requirements and will save me the time of picking up that sheet and bringing it to them physically.

I understand that I can change this agreement by signing the "Change to the Agreement" section listed below at any time.

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature

\_\_\_\_\_

Printed Student Name

\_\_\_\_\_

Student ID

**CHANGE TO THE AGREEMENT:** I no longer wish the NHTI Health Services Staff to send updated Clinical Clearance forms through email or fax. I wish to pick up the information directly.

\_\_\_\_\_ Date: \_\_\_\_\_

Student Signature