

## STUDENT OR EMPLOYEE RELEASE FORM

I(print name) give authorization for HCI College to release my VTECH/FDLE background, as well as any medical information, including drug screen results to all clinical sites for required clinical rotation. I further understand that any clinical site can refuse my clinical rotations at their facility based on the results of			
		my background and medical screening.	
Signature	Date		
Witnessed By:			
	Date		