

Lake Superior College
Allied Health & Nursing Division

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Phone: 218-733-7652
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Authorization for Release of Student Information

I, _____, hereby authorize Lake Superior College to
(Print name)
release information contained in its files (including but not limited to reports, medical records, immunizations and letters) regarding required background studies or a request to the Commissioner of Health for reconsideration of a disqualification, to determine my eligibility to participate in clinical placements to fulfill the requirements of the Allied Health & Nursing Division Programs at Lake Superior College. This information may be released to any facility / institution providing clinical experience for our Allied Health & Nursing Students.

I understand that the facility will review this information to assess whether I may be permitted to participate in a clinical placement in its Allied Health & Nursing Program.

Signature

Date