



Consent to Disclose Student Information to Clinical Sites

I consent to allow the School of Communication Sciences and Disorders to share information with clinical sites regarding the following:

- Immunization History
- Background Checks
- Drug Screen Results
- Health Compliance Training (e.g., HIPAA, Blood Borne Pathogens)
- CPR and First Aid Certification
- Recommended accommodations, based on recommendations from the Office of Accessibility and Accommodation Services
- Specific Skill Development Needs Including Identified Clinical or Professional Remediation Goals

My signature below is an agreement that I have read and understand this document and I understand that

- the signing of this consent form is voluntary, and
- I may revoke my consent at any time in writing to the Director of the School of Communication Sciences and Disorders, and
- lack of consent may limit, delay, or prohibit clinical practicum assignments and such limits, delays, or prohibitions may impact my completion of the graduate program.

Print Name

Signature

Date