

**WALLACE COMMUNITY COLLEGE  
EMERGENCY MEDICAL SERVICES**

**RELEASE OF CLINICAL INFORMATION**

I give Wallace Community College permission to release copies of my personal clinical/program documentation to clinical agencies as required by contractual agreements. These records will only be released to Human Resources or such centrally governed departments and include, **but are NOT limited to:** immunizations, TB skin tests, titer results, CPR, substance abuse screens, background checks, essential functions/physician's statement, and clinical agency training acknowledgements and verifications.

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Student Name (Print)

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WCC Student ID #

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Signature

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Date