

**WALLACE COMMUNITY COLLEGE  
PRACTICAL NURSING PROGRAM  
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.

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Department (WCC Health Program)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
WCC Student ID #

\_\_\_\_\_  
Date