



# GARDNER-WEBB UNIVERSITY

## PHYSICIAN ASSISTANT STUDIES

### PERMISSION TO RELEASE IMMUNIZATION AND BACKGROUND INFORMATION

Physician Assistant Student \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

I, \_\_\_\_\_, give the GWU Physician Assistant Studies Program permission to release my Immunization and TB Records, Drug Screen Results and Criminal Background Check to other institutions for the purpose of securing clinical rotations. I understand that if I choose not to give permission, the program may not be able to secure clinical rotations for me. This permission will be enforced through the duration of my enrollment as a student at GWU. I may withdraw my permission at any time in writing to the Director of Clinical Education.

I allow release of my information as stated above:

Signature \_\_\_\_\_

Date \_\_\_\_\_