UNIVERSITY OF SOUTH ALABAMA

Authorization for Release of Records

I, _____ (Date of Birth _____), hereby authorize the **University of South Alabama** (the "University") to discuss with and/or release any and all academic/educational records pertaining to me, including, but not limited to, medical, health, and/or vaccination records in the possession of the University, to any clinical site at which I intend to or have participated in clinical training while enrolled as a student at the University. This disclosure expressly includes, but is not limited to, any such records requested by such a clinical site as part of an audit by the clinical site and/or any accrediting, governmental, or supervising body.

I understand that the University does not require disclosure of any of the above-described records as a condition of attending the University, but my failure to authorize disclosure as described above may result in the clinical site denying my placement, which may negatively impact my academic progress.

By signing below, I acknowledge that I have read and understand this Authorization and have had an opportunity to ask any questions about it. I further consent to the disclosure of the academic/educational records described above to the requesting clinical site. This authorization is valid until revoked by me in writing.

_____ _____

Student Date

Printed Name: _____

Approved by GCO (4.5.2022)