



Student Medical Release Form

This document must be hand written in student's handwriting to show proof of originality.

Name: _____

University ID#: _____

Clinical Course #: _____

1) Items you are requesting:

- a. CPR Certification _____
- b. Criminal Background Check _____
- c. Proof of TB _____
- d. Proof of MMR _____
- e. Proof of Hep B (Series 3) _____
- f. Proof of Tetanus / Diphtheria _____
- g. Professional Liability Insurance coverage _____

Signature: _____

Date: _____

**** NOTE: To comply with the Indiana State University's FERPA Regulations, a letter of compliance will be provided to the agency (or student) listed below. This office will not provide actual dates to the agency. The above items are required during the nursing application process of the LPN/LVN-BSN Track and RN-BSN Track and they are a compliance requirement during the duration of said student's nursing program.**

Agency: _____

Attention To (either Student or Agency):

Fax To #: _____

Or E-Mail To: _____

Scan in an e-mail to jacob.jenkins@indstate.edu