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HEALTH SCIENCES DEPARTMENT AUTHORIZATION TO RELEASE STUDENT NON-ACADEMIC INFORMATION

I hereby authorize Midlands Technical College to disclose information from the Midlands Technical College (MTC) Student Health Form, Immunization Record, Background Checks and Drug Screening for:

Student Name: _____ SID# _____

Address: _____

Telephone Number: Home: _____ Cell: _____ DOB: _____

Date/Semester of Submitted MTC Student Health Form: _____ Current Program: _____

I authorize release of information from Midlands Technical College Health Sciences 1) Student Health Form, 2) Immunization Record, 3) Criminal/Investigative Background Check Report and 4) Drug Screening Report to MTC Faculty and Staff; to Contracted Clinical Affiliates; and to medical personnel when requested for the purpose(s) of 1) clinical affiliate experiences and for 2) facilitating preventive measures and expedient emergency medical treatment in lecture, lab, or clinic.

I understand that this could include, but is not limited to, information relating to:

- Acquired immunodeficiency syndrome (AIDS); human immunodeficiency virus (HIV) infection
- Other Infectious Diseases
- Behavioral health service/psychiatric care
- Treatment for alcohol and/or drug abuse
- Background/Criminal Investigation
- Drug Testing

AFFIRMATION OF RELEASE

I give Midlands Technical College permission to release the information noted on this form to the individual(s) or provider(s) as stated above. I understand that this release is valid through the period of six (6) months from my last date of enrollment at Midlands Technical College in the current program as noted above. I may revoke this authorization at any time. Any revocation will take effect on the day it is received in writing. With a notice of 10 working days and payment of 25 cents per page, I may obtain copies of these records when requested in writing, for a period of six (6) months from my last date of enrollment at Midlands Technical College in the current program noted above.

Signature of MTC Student: _____ Date Signed: _____

Witness: _____ Date Signed: _____

03/2009MHH