

## Release of Information

I \_\_\_\_\_ authorize Grays Harbor College Nursing Program to provide copies of my Criminal Background and/or immunization record to the health care agency to which I am assigned for clinical. I also authorize Grays Harbor College Nursing faculty to confidentially discuss my academic progress with Nursing faculty and Nursing program staff members.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date