

**Mt. Hood Community College ADN Program
Permission Forms
2004-2005 Academic Year**

Permission for Release of Information to Clinical Agencies

I give the Mt. Hood Community College (MHCC) Nursing Program faculty members permission to release my **full name (including middle initial), gender, date of birth, social security number, and telephone number** to clinical agencies for the purpose of client safety and continuity of care.

Student Name (Printed): _____

Student Signature: _____

Date: _____

Permission for Use of Student Mail File

I agree to have my written assignments and test results returned to the MHCC Nursing Program Student Mail File. Additionally, I will allow messages and other information from my nursing instructors to be placed in this file. I agree to access only my own file to retrieve my mail. I acknowledge there is a slight chance of breach of my privacy. I willingly accept this risk to expedite return of my mail.

I understand that at any time I may revoke this permission by presenting a written retraction to my advisor who will then notify the entire nursing faculty in a confidential manner.

Student Name (Printed): _____

Student Signature: _____

Date: _____

NOTE: Students who prefer greater mail privacy may place a manila envelope in the file for receipt of the above-mentioned information. The envelope must be clearly marked with your name.