

ANDREWS UNIVERSITY
Department of Physical Therapy

Information Release Form

Statement:

I, _____, (Do / Do Not) give my consent for the evaluation material from my clinical internship with this institution to be shared with those people seeking references for job placement. Any other use of this information must have my written approval.

Signed: _____ Date: _____

Clinical Site: _____

CI/CCCE please note:

- Please retain a copy of this form at the facility and return the original to the university.
- A copy of this signed form may be required by the ACCE/Andrews University when information release is requested in the future.
- Due to the protected nature of a student's academic records the CPI is "closed" once the clinical experience is completed. Once the course is closed only the ACCE and student have access to the student's CPI. Access to the CPI, by the CI/CCCE/Clinical site, will require completion of this written consent form.