

**CLARK STATE COMMUNITY COLLEGE**  
**RECORDS RELEASE FORM**

I give the Clark State Community College Health Clinic permission to release my medical records to any of the College's health technology instructors or staff and to my assigned clinical sites, as necessary. Permission is granted only during times when I am currently enrolled in classes at Clark State.

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Student's Name (printed)

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Student's Signature

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Date

Program (check all that apply)-

RN First Year     Day     Evening

RN Second Year     Day     Evening

PN     Leffel Lane Campus     Greene County Campus

MLT