West Hills Community College District  
Health Career Programs

RELEASE OF INFORMATION

Personally identifiable information from educational records may not be released without the prior written consent of the student, except as specified under the provisions of FERPA (Family Educational Rights and Privacy Act of 1974).

The West Hills Community College District Health Careers Programs are required by their contracts with various health facilities for clinical placements with the clinical and community institutions to provide certain personal information to the agency. The release of information is required in order to allow you to receive your clinical experience. The clinical agencies are required to have certain information because of JACHO accreditation and other Federal requirements.

☐ I am a Contract Ed student, if this box is checked, you are a Contract Ed student. We are required by our agreement with the sponsoring hospitals to share information with them regarding your application, attendance and academic and clinical progress. You have already agreed to this information reporting in exchange for being sponsored in the Contract Ed Program.

It is therefore necessary for you to provide your clinical instructor a Release of Information form when you give him/her the immunizations, TB test results, malpractice insurance information, background clearance, physical exams, etc. as requested by each clinical agency.

By signing this form you are giving the District and the Health Careers Programs or its representative such as your clinical instructor, the right to provide your personal and academic information to the agency in need of specific information necessary for your clinical rotation or Contract Ed Program or for your Extern position. This includes the release of your grades on a pass/fail basis and for any safety issues that might arise.

Name of Student: __________________________________________
(Please print your name)

Signature of Student: _______________________________________
(Please sign legibly)

Date: ____________________

Student ID Number: ____________________