WASHINGTON STATE
COMMUNITY COLLEGE
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Washington State Community College
Respiratory Therapy Program

Personal Information Release Form

The undersigned gives permission to the Respiratory Therapy Program at Washington State Community College to release the student's private information as required by clinical sites. In addition to the information below, some sites ask for additional information regarding vaccines, background checks, drug screens, and TB Gold results. **Providing this personal information is required prior to the student participating in clinical education at our sites.**

Printed Name: _____

Full SS #: _____

Birth Date: _____Phone #:_____

WSCC Email: _____

Student ID#: _____

Address: _____

I work at (if applicable):_____

Signature: _____Date:_____