



AUTHORIZATION, ACKNOWLEDGEMENT, AND RELEASE FORM

I hereby authorize the University of Wisconsin-La Crosse (UWL), Health Professions Department to obtain criminal records about me from any source. I also authorize UWL Health Professions Department to provide such records to third parties for the purposes of evaluating my application for acceptance into or continued participation in an internship or field/clinical placement/rotation.

In the event I am accepted into an internship or field/clinical placement/rotation, I hereby acknowledge that during the course of my internship or field/clinical placement I shall notify UW-L Health Professions Department as soon as possible, but no later than the next day I am expected to attend the internship or field/clinical placement, when I have been convicted of any crime or have been or are being investigated by any governmental agency for any act or offense. I further acknowledge that if I fail to abide by this acknowledgement, UW-L Health Professions Department has the right to immediately terminate my participation in an internship or field/clinical placement.

I hereby release such third parties and the Board of Regents of the University of Wisconsin System, its agents, employees, and officers, including the University of Wisconsin-La Crosse Health Professions Department from any liability that may arise from the disclosure of any information contemplated by this form or from UW-L Health Professions Department terminating me from an internship or field/clinical placement as described in the immediately preceding paragraph.

I understand that this form is in effect until my degree is completed at UW-L, unless I revoke it in writing and provide such revocation to the Program Director or Chair of the Department/Program at the Health Professions Department, 4th floor of the Health Science Center. I further understand that if I choose to revoke this form, I may not be able to participate in an internship or field/clinical placement/rotation.

I have read and understand the above authorization, acknowledgement and release.

Student's Signature

Date

Student's Printed Name