

Release of Information for Reciprocal Communications

My initials below indicate my choice in the following:

_____ I grant permission for faculty members in the ENMU CDIS Program to discuss my performance in coursework and/or practicum with supervisors or directors at prospective and current practicum sites. I also grant permission for faculty members in the ENMU CDIS Program to specifically discuss (initial all that you allow):

- _____ any accommodations I might need to be successful
- _____ any relevant remediation plans
- _____ any relevant disciplinary proceedings
- _____ the results of my background check
- _____ the results of my driving record
- _____ the results of my drug screen
- _____ any criminal records
- _____ medical information that affects my participation (e.g., pregnancy, recovery from surgery)

Information provided to such sites will be for the following purposes:

- To obtain a placement for me at that site
- To negotiate exceptions to affiliation agreement policy if necessary to place me
- To monitor my performance at a site I am currently placed at
- To problem solve any challenges I may be encountering at my assigned site

_____ I refuse permission for faculty members in the ENMU CDIS Program to provide any information other than my name to prospective practicum sites.

I understand that this permission is valid for one year from the date signed below. My permission may be withdrawn at any time by submitting a written statement to the Clinical and Program Director.

I acknowledge that sharing some information may render me ineligible for some site placements. I also understand that my refusal to allow information sharing may also render me ineligible for any site placement.

Signature _____ Date _____

Print Name _____