



## HEALTH RECORDS AND STUDENT FILES RELEASE AUTHORIZATION FORM 2024

I give permission for the release of my Health Status Assessment information that includes health history, physical exam, immunization records, drug screen, and background check to the UWM BMS Program Director, the Human Resources Director, and Clinical Education Coordinator at the clinical affiliate sites of the UWM Biomedical Sciences Program. Release shall be made to allow for participation in clinical practice and shall remain in effect as long as I am enrolled in clinical practice. I understand that medical information is confidential and will not be otherwise released without written permission.

I give permission to release my Biomedical Sciences application materials (application, autobiographical statement, & transcripts) and CastleBranch reports to the Clinical Education Coordinator at the UWM BMS clinical affiliate sites and accreditation site visitors from professional organizations.

**OPTIONAL:** I also give permission to the following person or persons to whom the records may be disclosed: (e.g. future employers, other academic institutions, scholarship committees, etc.) Leave these spots blank if you do not wish to give additional permissions or not disclose any specific records.

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Indicate if there are any records in your file that you do NOT want disclosed:

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**I have read and understand ALL of the above authorizations and releases.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

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