Practicum Compliance Release Form

The Practicum Compliance Release Form should be submitted to the Compliance Office each semester at least three weeks prior to the date students will report to the requested site.

*(Request are cleared in the order receive)*

**Please provide the following information:**

Name of Facility: ____________________________________________________________

Facility contact name: ______________________________________________________

Facility contact tel #: ______________________________________________________

Facility contact e-mail: _____________________________________________________

Course Number/Course Title: __________________________________________________

Program Director: ___________________________________________________________

Course Instructor: ___________________________________________________________

Rotation dates: From: ______________________ To: _____________________________

Please enter student information below:

<table>
<thead>
<tr>
<th>Student Full Name</th>
<th>Student ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student ID number MUST be included in order for request to be completed**

* *Below information must be filled out by the Clinical Compliance Office**

Date of Request: ______________________ Date Sent: ______________________

Revision Request: ______________________ Revision Sent: ______________________

LD Revised 07/2021