



### 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 Faculty: \_\_\_\_\_

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:

Student Full Name	Student ID
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**\*\*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: \_\_\_\_\_