General Release Signatures Allied Health Department | Mineral Area College

Student Name:	MAC Student ID:
l,	, hereby acknowledge I have received a copy of the Nursing Handbook
and have access to Mineral Area Co	ollege policies. I have read and understand the guidelines and policies therein
and agree to abide by those of Min	eral Area College, the Allied Health Department as well as local and State
statutes, and I accept responsibility	for the consequences of my actions in regards to such.
Signature	: Date:
I,	, give Mineral Area College permission to use and release my name,
photographs and video recordings	of me for recruitment, career fairs, display cases and pinning ceremony. I
waive the opportunity to inspect or	r approve photographs and video recordings before they are utilized. I release
Mineral Area College and its emplo	yees, representative and officers from and against any and all damages,
liabilities and claims in connection	to these photographs and video recordings. I hereby certify that I am at least
18 years of age or older, and I have	read this document and understand its contents and policies.
Signature	: Date:
l,	, give Mineral Area College permission to release an official copy of my
transcript to the appropriate State	Board of Nursing in order that I may qualify for the NCLEX.
Signature	: Date:
I,	, give Mineral Area College permission to release my name and address
to potential employers, references	and scholarships.
Signature	: Date:
l,	, give Mineral Area College permission to release information including
immunizations, PPD testing results,	, physical exam and health inventory, criminal background check, drug screen,
name and contact information, and	vehicle information to employers, and field/clinical agencies as well as date
of birth and social security number	for purpose of computer access.
Signature	· Date: