BELLARMINE UNIVERSITY
IN VERITATIS AMORE

Bellarmine University
Physical Therapy Program

Authorization For Release of Information

I, _____, hereby request and authorize the Bellarmine University Physical Therapy Program faculty to release written and/or verbal information, including health status, physical condition, performance evaluations, and faculty assessments arising from my academics and clinical education experiences at Bellarmine University, to the Center Coordinator of Clinical Education and/or Clinical Instructors at the clinical facilities to which I am assigned for clerkship or internship experiences.

I hereby release Bellarmine University, and its employees, agents, and representatives from any and all claims, costs, or losses heretofore or hereafter sustained by me of whatsoever kind of nature arising out of the Bellarmine University's release of information pursuant to this authorization.

I hereby acknowledge that I understand the terms of this Authorization, and each of them is contractual.

Signed and Dated this _____ day of _____, 20__

_____ _____

Student Signature Witness Signature