

**STUDENT EMERGENCY CONTACT  
RELEASE OF INFORMATION  
8/2/2012**

Student's Name: \_\_\_\_\_

Student's phone number: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Emergency contact: (name/relationship) \_\_\_\_\_

Emergency number for above: \_\_\_\_\_

Item	Yes	No	Location of the Documents
GSU ID			With student
Measles, mumps, varicella immunizations or titre report			With student and GSU student file
Rubella immunization or titre report			With student and GSU student file
Hepatitis B immunization or declination			With student and GSU student file
TB test or X-ray report			With student and GSU student file
Proof of liability insurance			With student and GSU student file
Proof of health insurance			With student and GSU student file
CPR card			With student and GSU student file
Blood borne Pathogens in service (OSHA)			With student and GSU student file
Criminal Background Check through <a href="http://www.CertifiedBackground.com">www.CertifiedBackground.com</a> (drug screening and fingerprinting may also be needed depending on the practicum site)			With student and GSU student file <b>Date:</b>
GSU Transcripts			
ADA accommodations needed			<input type="checkbox"/> attached <input type="checkbox"/> not applicable

I authorize the Governors State University Department of Communication Disorders to release a copy of the above listed documents, as may be requested by the fieldwork site to which I am assigned.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date