

**STUDENT EMERGENCY CONTACT
RELEASE OF INFORMATION
5/25/2021**

Student's Name: _____

Student's phone number: Home: _____

Cell: _____

Emergency contact: (name/relationship) _____

Emergency number for above: _____

Item	Yes	No	Location of the Documents
Criminal Background check through Castle Branch			With student and GSU student file
Proof of liability insurance			With student and GSU student file
Measles, mumps, rubella (MMR) and varicella (chicken pox) immunizations or titer report			With student and GSU student file
Hepatitis B immunization or declination			With student and GSU student file
2-step Mantoux Tuberculin Skin Test (TST), QuantiFERON (QFT) or X-ray or written excuse from a physician			With student and GSU student file
Proof of health insurance			With student and GSU student file
GSU ID			With student and GSU student file
CPR card			With student and GSU student file
Blood borne Pathogens certificate of completion			With student and GSU student file
HIPAA certificate of completion			With student and GSU student file
Recognizing and Reporting Child Abuse certificate of completion			With student and GSU student file
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