

**LEHMAN COLLEGE
DEPARTMENT OF NURSING**

CONSENT TO RELEASE PERSONAL DOCUMENTS*

I, _____, give permission for
(PRINT YOUR NAME)

the Department of Nursing at Lehman College to release copies of the documents listed below to any of the contracted agencies to which I am assigned for the duration of my enrollment in the Nursing Program.

Health Clearance Record

Liability Insurance

CPR Card

RN License (if applicable)

Other: _____

Student's Signature: _____

Today's Date: _____

* The original of this form is to be filed in the student's file in the Department of Nursing.