



Department of Health Services · Building 20, Room 320 · Phone (413) 755-4230 · Fax (413) 755-6045

Authorization to Release Information to Externship Sites:
STCC Faculty/Staff

This form is available online at: www.stcc.edu/healthservices

Name: _____ STCC ID#: _____
(please print)

I hereby authorize Springfield Technical Community College (STCC) to release information from my records for the purpose of participation in the externship sites (clinical rotations and off-campus educational training). Such information may include, but is not limited to, the following:

- Records of immunity for measles, mumps, rubella, hepatitis B, varicella and tetanus-diphtheria-and-pertussis.
Tuberculosis screening (Mantoux testing and IGRA-testing). Chest x-ray date and result, as well as Positive PPD Questionnaire, if tuberculin test is positive
Medical Certificate (documentation of physical exam within 1 year of the first day of classes)
N95 Mask fitting clearance
Drug Screening clearance
Criminal background check clearance
Medical licensing and certification clearance
Workman's comp and liability insurance certificate
Accommodation form where externship site accommodations have been approved by STCC.

This authorization will be in effect for the duration of your employment at STCC. You have the right to revoke this authorization, or limit the information released, at any time. However, you may not be cleared to participate in the externship sites without the release of certain required information which may result in your inability to participate.

If you have any questions regarding this release of information, please contact Health Services at (413) 755-4230. The signed and dated form must be returned to the Health Services Department in Building 20, Room 320.

I have read the above statements and am aware of and agree to STCC sharing of my information with externship sites.

(signature)

(date)