

The University of Toledo College of Pharmacy APPE Program

**STUDENT & MEDICAL INFORMATION RELEASE FORM
2008 - 2009 ACADEMIC YEAR**

Several APPE sites require a copy of students' medical records before allowing students to begin their rotations. Your signature below authorizes The University of Toledo to provide this information.

I authorize The University of Toledo College of Pharmacy to send a copy of my medical records or social security number to any APPE site that requires this information.

In witness whereof, I have set my hand at Toledo, Ohio, this _____ day of _____, 20 _____.

Student's Signature

PRINT Name