

**HEALTH RELATED WORK AND/OR VOLUNTEER EXPERIENCE
RELEASE OF INFORMATION CONSENT**

COMPLETE THIS SECTION ONLY IF YOU ARE APPLYING FOR DENTAL ASSISTING, SURGICAL TECHNOLOGY, OR PARAMEDIC

Please complete if you have been previously enrolled in a health related program at another college/university OR if you have been employed or performed volunteer work in a health related area.

APPLICANT'S NAME (Please print) _____

I, hereby, authorize the release of information related to my previous performance as a student in other health-related programs and/or employment records from the employers listed below to the Director of the Health Technology Department at Okaloosa-Walton College.

Signature _____ DATE _____

Employer _____ Phone No. _____ Ext. _____

Mailing Address _____
Street _____ City _____ State _____ Zip _____

Supervisor's Name _____ Title _____

Dates Employed: From _____ To _____ Full Time _____ Part time _____ Job Title _____

Job Duties _____

Signature of Employer/Supervisor _____ Date _____

Employer _____ Phone No. _____ Ext. _____

Mailing Address _____
Street _____ City _____ State _____ Zip _____

Supervisor's Name _____ Title _____

Dates Employed: From _____ To _____ Full Time _____ Part time _____ Job Title _____

Job Duties _____

Signature of Employer/Supervisor _____ Date _____

Employer _____ Phone No. _____ Ext. _____

Mailing Address _____
Street _____ City _____ State _____ Zip _____

Supervisor's Name _____ Title _____

Dates Employed: From _____ To _____ Full Time _____ Part time _____ Job Title _____

Job Duties _____

Signature of Employer/Supervisor _____ Date _____

(Attach duplicate forms as needed)