



Dental Hygiene Department

COMPLETE DISCLOSURE OF ACADEMIC PERFORMANCE

I hereby give permission to the YVC Dental Hygiene department to request relevant academic information from previous schools that I have attended.

Student signature

Date

PERMISSION FOR RELEASE OF INFORMATION

I hereby give permission to the YVC Dental Hygiene Program to release such academic information, as they deem advisable to facilities where I may be assigned for clinical experiences. I understand that if this information is provided to a facility, I will be given a copy of the shared document(s).

Student signature

Date

RETURN THIS FORM TO THE YVCC DENTAL HYGIENE DEPARTMENT by the first Friday in February

Yakima Valley College does not discriminate against any person on the basis of race, color, national origin, disability, sex, genetic information, or age in admission, treatment, or participation in its programs, services and activities, or in employment. All inquiries regarding compliance should be directed to the Director of Human Resource Services, YVC, South 16th Ave. & Nob Hill Blvd., Yakima, WA 98902; or call (509) 574-4670.

