



CARTHAGE
COLLEGE

**HEALTH AND COUNSELING CENTER
AUTHORIZATION TO RELEASE OUT OF CLASS NOTICE - COVID**

Student Name: _____ DOB: _____ ID#: _____

Quarantine Date: _____ Are you an Athlete: _____

I hereby authorize and request: Carthage College Health and Counseling Center
2001 Alford Park Drive
Kenosha, WI 53140
262.551.5710

To Release the following information: Out of Class Notice COVID related

To: Dean of Students staff (Nick Winkler & Liz Snider)
Athletics - only if an Athlete

Advisor's Name: _____ Email: _____

Professor's Name: _____ Email: _____

Professor's Name: _____ Email: _____

Professor's Name: _____ Email: _____

Professor's Name: _____ Email: _____

Professor's Name: _____ Email: _____

Campus Employment Supervisor's Name: _____ Email: _____



Coach's Name : _____ Email: _____

Reason for request: Out of class notice for COVID related medical concerns

I understand that my records are protected by Federal and State Confidentiality regulations and cannot be disclosed without my consent. I understand that I have the right to inspect and receive a copy of the disclosed information.

I understand that this consent will be in effect for 90 days unless otherwise noted: _____

I understand that I may revoke this authorization at any time except to the extent that action has already been taken.

Student Signature: _____ Date: _____

HCC Staff Signature: _____ Date: _____

Notice will be sent upon return of completed form and a copy of TEST RESULTS via email to:
health@carthage.edu