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understand aspects of this information may be shared with organizations outside of
Lindenwood University for the following reasons:

- The program is accredited by the Commission on Accreditation of Athletic Training Education (CAATE), and students' program files may be shared at any time at the request of the CAATE.
- The athletic training program provides athletic training students with clinical experience opportunities at a variety of locations. Some clinical sites require the program administrators to provide and/or verify specific information. Clinical sites may request student contact information (e.g. e-mail, phone number), verification of vaccinations, verification of HIPAA training, and results associated with a criminal background check.

I hereby authorize the Lindenwood University Athletic Training Program to release and discuss my contact information, vaccination history, HIPAA training, BLS certification, and criminal background check with clinical sites upon request. I understand I have the option to withdraw this authorization at any time, but an authorization withdrawal may prevent my future placement in certain clinical sites, and this may prevent my progression in the athletic training program.

Applicant Name:

Applicant Signature:

Date: