

**HEALTHCARE RELEASE**  
College of Nursing

Health Science Campus MS1026  
Collier Building 4430  
3000 Arlington Avenue  
Toledo, OH 43614-2598  
419.383.5859

Return form to the Program Office. Course coordinators are notified that a release is on file. If clinical participation is in progress, the college will seek clinical site approval. The student will abide by the agency decision regarding involvement in patient care or other services.

Student Name: \_\_\_\_\_ Program: \_\_\_\_\_

I plan to return to class on this date: \_\_\_\_\_

- Full-time  
 Part-time

I plan to return to clinical on this date: \_\_\_\_\_

- Full-time  
Part-time

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

