

University of Delaware

2021-22 Academic Year

Genetic Counseling Minor Practicum

**Consent to Disclose Background Check, Drug Screening and
Immunization Status Results**

I, _____, do hereby give consent for the University of Delaware
(print name)
Department of Medical and Molecular Sciences to disclose the results of my criminal background check,
drug screening and immunization status to the affiliate(s) at which I will be participating in a clinical
practicum.

Student Signature

Date