

KU School of Allied Health

Permission form to release student's Social Security Number for the MO/EDL

I, _____ ,
Please print clearly.

Social Security Number: _____ ,
Please print clearly.

give permission to Moffett Ferguson, SAH Student Affairs Coordinator, to release my SS# to the Missouri Department of Health and Senior Services in order to obtain the Employment Disqualified List Check.

I am a student in the _____
program/department.*

Signed: _____

Date: _____

*Select from among these programs/departments:

Cytotechnology

Clinical Laboratory Sciences

Diagnostic Cardiac Sonography

Diagnostic Ultrasound and Vascular Technology

Dietetics and Nutrition

Health Information Management

Hearing and Speech

Nuclear Medicine Technology

Nurse Anesthesia

Occupational Therapy

Physical Therapy and Rehabilitation Science

Respiratory Care