



MESALANDS COMMUNITY COLLEGE  
Wind Energy Technology Program  
Authorization for Release of Information



NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

I hereby authorize \_\_\_\_\_  
(NAME OF PHYSICIAN/LOCATION)

To disclose Preparticipation Physical Evaluation Clearance Form

For the period \_\_\_\_\_ to \_\_\_\_\_

To: Mesalands Community College, 911 South Tenth St., Tucumcari, NM, 88401

This information is required for Wind Energy Technology Program Participation  
(REASON FOR DISCLOSURE)

I further authorize Mesalands Community College, to obtain a copy of such records as are needed for the above stated purpose.

I have read the above and also have been advised of my right to receive a true copy of this authorization. Further I understand the contents of this written authorization in its entirety and have asked questions about anything that was not clear to me, and I am satisfied with the answers I have received.

I further acknowledge that I understand my right to revoke this authorization by presenting written notice to Mesalands Community College who I have authorized to obtain said records prior to their submitting their request to the entity listed above. I further understand that if Mesalands Community College has already served the authorization to the entity listed above, they have the right to dishonor my request to revoke the authorization.

It should be further noted that the information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient.

A PHOTOSTATIC OR FACSIMILE COPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are not the individual, but a personal representative of the individual please print your name and attach proof of the same to the authorization.

**This authorization shall remain valid for one year from the above date.**