

**Northwood Technical College  
Student Information & Authorization Form  
Marshfield Clinic Allied Health Professional Education & Training Grant**

**Complete Sections 1 & 2 and return to Northwood Tech Student Services Office**

**SECTION ONE**

RECIPIENT INFORMATION

PLEASE PRINT NEATLY OR TYPE

READ INSTRUCTIONS CAREFULLY

Last Name	First Name	MI	Student ID
Permanent Address City	State	Zip	Date of Birth (month/date/year)
Home Area Code / Telephone #			Email Address
Program of Study	Are you admitted to the program? Y N		Targeted Graduation Date

**SECTION 1**

RECIPIENT CERTIFICATION AND AUTHORIZATION

READ CAREFULLY BEFORE SIGNING BELOW

I certify that the information provided on this Marshfield Clinic Allied Health Professional Education & Training Grant Student Information and Authorization Form is true, complete, and correct to the best of my knowledge.

As a prospective student, I make the following authorizations if selected for sponsorship:

- I authorize Northwood Technical College and the Company to release information about my selection as a participant in the Marshfield Clinic DHS-funded Grant Tuition Reimbursement Program.
- I authorize Northwood Technical College and Marshfield Clinic to release my name and my hometown when announcing Marshfield Clinic DHS-funded Grant Program recipients.
- I authorize Northwood Technical College to release any necessary information to Marshfield Clinic in order for them to determine that I continue to maintain eligibility and qualify for the program including grades, program of study, and other pertinent information.
- I authorize Marshfield Clinic to release information to Northwood Technical College regarding my attendance, performance, and other necessary information for the duration of this program.
- I understand that I may be required to sign more detailed release forms at Northwood Technical College and at Marshfield Clinic to meet their specific policies.
- I understand that my financial aid package may be reduced if awarded this grant.

My signature certifies that I have read, understood, and agreed to the terms printed on this authorization form.

Recipient's Signature \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**SECTION 3**

COMPANY SPONSOR INFORMATION (For internal use only)

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Area Code / Telephone # \_\_\_\_\_

Email Address \_\_\_\_\_

Notes: