



## MS-CPD STUDENT ACKNOWLEDGMENT & RELEASE

### Handbook, program requirements, release of information

This form must be signed and uploaded to the eValue system before the first day of classes upon entry into the program.

Student name \_\_\_\_\_

### Acknowledgment

I acknowledge that I received the MS-CPD handbook and have reviewed all policies and procedures. I agree to follow all MS-CPD policies and procedures as outlined.

I acknowledge that I am aware that the MS-CPD will be providing the results of my background check and my medical information to supervised practice sites if requested.

### Release

I authorize the release of my name and contact information by the MS-CPD of the Department of Nutrition and Food Science for the following purposes (please check all you agree to):

Professional mailings (e.g., continuing education offerings, MS-CPD evaluations, employment information, professional insurance, etc.)

Employers or agencies seeking dietetic professionals

Fellow classmates

Students or potential students wishing information on the program or career options

Student's signature \_\_\_\_\_

Date \_\_\_\_\_