

 **Bon Secours**
St. Mary's Hospital School of Medical Imaging

Authorization to Release Employment Verification

As part of a continuous assessment process, the School is required to provide employment documentation from graduates of the Radiologic Technology program. The School also requests employers to complete an employer survey.

By signing below, I am authorizing the School of Medical Imaging to obtain employment verification from current employer or future employer within one year of graduation.

Position/Title: _____

Name of Supervisor: _____

Employer: _____

Signature: _____

Start date of employment: _____

Currently working for employer noted above? Yes No

Graduate/Employee Name: _____

Graduate/Employee Signature: _____

Date: _____