



MEDICAL INFORMATION AUTHORIZATION AND RELEASE

I hereby authorize and direct MAWD Pathology Group (9705 Lenexa Drive, Lenexa, Kansas 66215) to release the results of my COVID-19 test(s) to the Dean's Office of Thomas Aquinas College, as well as to any agent of the College acting in a supervisory or administrative capacity with a need to know.

I understand that Thomas Aquinas College's personnel will use these results and keep these records as needed to determine my eligibility to return to campus each semester of the 2020-21 academic year, and to detect and monitor on-campus cases of COVID-19 during the 2020-21 academic year. I further understand that if a positive result is returned, in addition to reporting to the public health authorities as required, the College may also initiate contact tracing and reach out to all those with whom I have come into contact on this campus.

Student Signature

Date

Printed Name

After printing & signing, please scan or take a picture of your completed form and return via email to:

- registrar@thomasaquinas.edu (California campus students)
- registrar-ne@thomasaquinas.edu (New England campus students)