



Student Clearance Release Form

Student,

Please complete your portion below. You may not enter the facility until Reliant HR has signed off on their portion of the release form. On your last day, please have your DOR sign his/her portion, thereby, releasing you from the program. Then, return this form to studentprogram@reliant-rehab.com as a last step.

To be completed by the student AT THE TIME the packet is initially submitted to Student Programs:

Student Name:	
School:	
Discipline:	

To be completed by Student Programs once packet is received and submitted to HR:

Facility Name:	
Regional Recruiter:	
Regional Director of Operations:	

To be completed by Reliant HR once the student is cleared to enter the Facility:

Date packet received:	
Date student cleared:	
HR Generalist Name:	

To be completed by the Director of Rehabilitation (DOR) and submitted by the student AT THE CONCLUSION of the rotation:

Rotation Last Day:	
Signature:	

Reminder: Please complete our Student Program survey to ensure we make the program better for all students.