

APPENDIX D – Authorization to Release PLE Requirement Information

I authorize the University of Houston-Victoria to provide direct access to a PLE agency with whom there is an affiliation agreement, to my drug screen and criminal background check reports, and all PLE requirement documentation located in the designated document tracker site.

I acknowledge the information obtained from my PLE requirement documentation will determine my acceptance for PLE privileges.

Printed Name:

Signature:

Date:

[Amended by NPFC 04/16/2017]