

 **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

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Graduate/Employee Name: \_\_\_\_\_

Graduate/Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_