

East Carolina University
College of Allied Health Sciences
Revised 11/2/2018

REQUEST OF PROVISION OF BACKGROUND
INFORMATION TO A SPECIFIC SITE

By signing and dating below, I am requesting that the documents referenced below be sent to the named facility, attention of the individual named, and/or department provided, and the address given.

Please Note: ALL DOCUMENTS LISTED BELOW MUST BE IN THE POSSESSION OF THE DEAN'S OFFICE AT THE TIME OF YOUR REQUEST.

Documents to be forwarded: List any documents that you would like me to send to the site location. Examples CBC, Drug Screen, etc.

Site Location Information you wish to have items forward:

Facility: _____ Phone: _____

Attention: _____

EMAIL: _____

Internship Start Date: _____ Internship End Date: _____ Deadline to Submit report _____

Today's Date: _____

Signature: _____

Name Printed: _____ Department Name: _____

Email Address: _____

Forms may be returned by: Fax 252-744-6018, Email ah.cbc@ecu.edu or brought to my office: Debbie Pettaway | Student Services Specialist | 4435 Allied Health Sciences | MS 668