

The safety of our students, employees, and their families is a priority for Spoon River College (hereinafter College). In response to the COVID-19 pandemic and national emergency, the College is implementing procedures based on current recommendations from the Centers of Disease Control and Prevention (CDC) and federal, state, and local public health authorities. As part of these measures, the College is asking you to authorize the handling of your COVID-19 information as follows:

- 1. This authorization will remain in effect until the earlier of: (a) a declaration that the COVID-19 national emergency is over, or (b) twelve (12) months from the date indicated below.
- 2. Your "COVID-19 information" means (a) your COVID-19 test results; (b) any documentation regarding whether you have symptoms identified by the CDC or public health authorities as being associated with COVID-19; and (c) your contact with anyone who has symptoms identified by the CDC or public health authorities as being associated with COVID-19 or who has a confirmed diagnosis of COVID-19.
- 3. A "COVID-19 Healthcare Provider" includes any hospital, healthcare provider, laboratory, clinic, or public health authority that performs, processes, or provides COVID-19 tests or contact tracing services.
- 4. While this authority is in effect, the College and any COVID-19 Healthcare Provider may access, disclose, and use your COVID-19 information to monitor for COVID-19 and promote the health and safety of the students and employees of the College.
- 5. You may revoke this authorization at any time by sending written notice to: Andrea Thomson, 23235 N. County Highway 22, Canton, IL 61520. If you revoke or do not agree to this authorization, however, you may be prohibited/excluded from on-campus classes, work, activities, etc.
- 6. By signing/accepting below, you acknowledge that you have read and agree to the information contained in this form.

Status (check one):	Student	Employee	
Signature:			
Printed Name:			
Date:			