



# College/University Student – TB Test Verification Form

## Requirements for TB Test Verification

This document confirms that the volunteer below meets the following requirements for submitting a TB test verification from his/her College or University.

1. The volunteer listed below is enrolled at \_\_\_\_\_(name of College/University) and was subject to TB testing as a condition of enrollment. The volunteer tested negative for TB at the time of enrollment.

## Volunteer Information

Name:

(Last)

(First)

(Middle)

Print – College/University Representative Title

Signature – College/University Representative Date

Phone Email

College/University Name

College/University Address

City State Zip

Please submit this original form to the DCPS Clearance Team after the completion of the DCPS Clearance Application.

Please email the form to [dcps.clearance@k12.dc.gov](mailto:dcps.clearance@k12.dc.gov)