INTEGRIS Health Epic
Student Access Request Form

Date: **School Name:** **Clinical Start and End Dates:** **My Clinical Exchange Rotation#:**

Instructor Name: **Instructor's School E-Mail (must be a school email):** **Campus location for Clinicals: (indicate one) IBMC ISMC ICVH IHE IBBHC IMH IGH**

Instructor information must also be included below:

All information MUST be complete and accurate or NO signons will be created.
The name MUST be the student's LEGAL name (no nicknames). If no middle initial put NONE.

FirstName	MiddleInitial	LastName	Phone (cell phone)	School Email (if school email is not provided, student will not receive a signon)	[redacted]								
Example: John	***A***	***Smith***	***405-665-5565***	student@school.edu									