



Educational Herb Request

Student Name:

Date:

Select One: Bulk Herbs Tincture Granules

Herb

Gram/ML Amount

In consideration of any of the above requested items being released to me, I hereby:

(i) acknowledge and agree that I am a current NUNM student and that I am requesting the above items for my personal educational use only as part of my curriculum and not to treat any specific condition; (ii) that there exists no doctor/patient relationship with the faculty member approving this form; (iii) that I will ensure that the above items are used properly and in accordance with any restrictions or limitations noted, and for educational purposes only; (iv) that no one besides myself will have access to them; and, (v) release, hold harmless, and indemnify NUNM and its faculty from any and all liability, costs and expenses which may arise out of or relate to my or anyone else's use of the above items.

Student Signature

As a current NUNM clinical or academic member, I approve the release of the above items to the above-named student for educational use only by the student and with the restrictions and limitations, if any, noted below:

Faculty Approval