

Authorization for Release of Student Information and Acknowledgment

AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS

I, _____, authorize Tennessee Technological University ("Tennessee Tech") to disclose any and all necessary education records including necessary personally identifiable information related to health records, background checks, and credential check(s) to the listed entity/person or class of entities/persons for the purposes described below. I understand that by agreeing to this, I am waiving all personal and legal rights to confidentiality and privacy, including rights under the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C. § 1232g and 34 C.F.R. § 99.3 and this release will be effective until I revoke it by sending a written notice of revocation to the Clinical Placement Coordinator for Whitson-Hester School of Nursing.

The purposes of the disclosure are to provide verification of immunization status, tuberculosis status, negative drug screens, CPR certification, licensure or credentialing, status of background checks.

The entity/person/entities/persons or classes of persons/entities to which information may be released to clinical practice sites including but not limited to hospitals, nursing homes, outpatient clinics, hospice, public health agencies, schools, home health agencies, daycares, etc.

I understand that a hospital, clinic or similar medical treatment facility may exclude me from clinical placement on the basis of a background check or failure to meet their required health information. I further understand that if I am excluded from clinical placement, I will not be able to meet course requirements and/or the requirements for graduation.

NAME: _____ **DATE:** _____

SIGNATURE: _____