

School of Nursing
College of Health and Human Development
800 North State College Blvd.
Fullerton, CA 92831
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STUDENT RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

**California State University, Fullerton
School of Nursing**

To facilitate my participation in clinical placements and/or classes, I authorize California State University, Fullerton (University) to release upon written request from any agency or entity where I may obtain any clinical/practicum experience my personally identifiable information from education records maintained by the University, including but not limited to my Social Security number; enrollment status in one of the University's nursing programs; date of birth; personal cell phone number; medical information and health status (including but not limited to physical examinations, immunization status, titers and results from medical screening examinations such as screening for tuberculosis); RN license; California Driver's license number; background check results; drug screens; and Basic Life Support (BLS) certification.

I understand and acknowledge that I am responsible for assuring that the personally identifiable information I provide to the University, including but not limited to my Social Security number; enrollment status in one of the University's nursing programs; date of birth; personal cell phone number; medical information and health status (including but not limited to physical examinations, immunization status, titers and results from medical screening examinations such as screening for tuberculosis); RN license; California Driver's license number; background check results; drug screens; and Basic Life Support (BLS) certification, is both accurate and current. I understand and acknowledge that failing to supply or maintain the accuracy/currency of this information may result in my exclusion from clinical/practicum placements and/or classes at the University.

This consent to the University's release of my personally identifiable information upon written request from any agency or entity where I may be assigned to take any clinical/practicum experience or class shall remain in effect for the duration of my enrollment at the University.

Participant Signature: _____

Participant Name (print): _____ Date: _____