



OKLAHOMA CITY

Release of Information

This form is an authorization to release the student's clinical requirement information to healthcare clinical facilities with which Oklahoma State University-Oklahoma City has a clinical contract or agreement. This release will be in effect until the student's last clinical date in the Nurse Science Program.

The information release includes:

- Name
- Immunization records
- TB skin test or chest X-ray results
- Date of Basic Life Support/Healthcare Provider course
- Background Check, criminal, and sex offender reports
- Results of drug screen

You will be notified if you are denied participation in the clinical rotation by the healthcare facility due to content in the information release.

Clinical facility contract settlement:

"In the event such authorization and release are not given by the student, the student shall be disqualified from participation at the clinical facility. The results of the clinical requirement information must be satisfactory to the healthcare clinical facility."

I hereby authorize Oklahoma State University-Oklahoma City Nurse Science Department to release the information above to the healthcare facilities for clinical rotations.

STUDENT NAME (print): _____ DATE: _____

STUDENT SIGNATURE: _____