

UNIVERSITY OF WASHINGTON  
School of Nursing  
Seattle, Washington 98195

**CONSENT TO RELEASE RECORDS**

I, \_\_\_\_\_, hereby give my consent to the  
*Student Name – please print clearly*

University of Washington School of Nursing to release any of the following information to my clinical sites over the course of my education at the University of Washington School of Nursing:

- Address
- Birthdate
- Copy of Criminal History Background Check
- Copy of CV
- E-mail Address
- Full Name
- Phone Number
- Social Security Number
- UW Student Number
- Verification of comprehensive health and accident insurance

I understand that this information will be used solely for the purpose of establishing clinic account computer logins and building access, and providing any other credentialing or orientation information necessary for my clinical rotation(s).

I understand that some sites require students to hold comprehensive personal health and accident insurance in order to attend that site for clinical rotations. I further understand that I am responsible for my own health needs, health care costs, and health insurance coverage. I have marked the appropriate box below.

I currently hold comprehensive personal health/accident insurance, which will cover me for the duration of my program of study at the University of Washington School of Nursing. I agree to inform Academic Services immediately should my coverage be discontinued for any reason.

I do **not** have comprehensive personal health/accident insurance. I understand that I will be prevented from participating in clinical rotations at certain sites.

I understand that I may access my student file upon request during regular business hours. I understand that the clinical sites to whom the University of Washington School of Nursing will provide the records cited above **may not** disclose that information, other than directory information, to other parties without my further consent, unless such other parties are otherwise eligible under federal law to receive the records. I further understand that any statements that I have placed in my records commenting on contested information contained in the records listed above will be released along with the records to which they relate.

I certify that I have read and understand the above statements.

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Signature of Student

Date