

Authorization to Release Information

The Family Educational Rights and Privacy Act (FERPA) bars an educational institution from releasing confidential information about a student—including information about and assessments of her or his academic performance—without the student’s express written consent. You may waive this right for a specific purpose by completing this form.

To: College of Nursing or Individual(s): _____

Student’s Name (print): _____
First Middle Last (Maiden)

Creighton ID Number: _____ Program _____

Graduation Date _____

The College of Nursing or Individual (s) named above have my consent to release information from my educational record, including but not limited to my academic record, immunization medical information, background check (findings, fingerprinting, employment history, residential history, adult/children abuse report), social security number, date of birth, contact information (phone, e mail, address), drug screen, and/or compliance training (including but not limited to BLS/ALS, bloodborne pathogens, HIPAA, OSHA).

The above information may be released to clinical rotation sites, preceptorship sites, placement portals and state boards of nursing. I also authorize the College of Nursing to release my social security number as it pertains to any clinical compliance or state licensure.

Student Signature: _____ Date: _____

Send To: _____

Address: _____

This authorization is valid throughout my enrollment in the College of Nursing and will expire one year after my enrollment ends.

To request an official transcript from the Registrar’s Office, contact 402-280-2702.

One copy should be retained by the individual authorized to release information and named at the top of this form. A second should be given to the student for her/his records. A copy of this form should be retained in the student’s active file.

Once this form is complete, please email to constudents@creighton.edu