

**Department of Nursing  
 Consent and Release Authorization Form**

- I hereby authorize Appalachian State University through its Department of Nursing (hereinafter “University”) to provide the following information **to any and all clinical facilities and training sites to which I may request a clinical placement:**

*criminal background check, drug testing, physical and safety and technical standards examination documents, immunization/titer records, TB testing records, proof of completion of clinical education requirements including information that constitutes an educational record as that term is defined by the Family Educational Rights and Privacy Act (FERPA) and any other documents required by the Affiliation Agreement between University and the clinical facility/training site.*

- I 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 hereby release, indemnify and hold harmless Appalachian State University, the University of North Carolina, the State of North Carolina and their respective trustees, directors, officers, agents, representatives and employees from and against any liability or damage in connection with the release of criminal background check, drug testing, other health information and requirements referenced above.
- I understand and agree that it is my responsibility to keep the clinical requirements current for each semester. I should keep all original documents and be prepared to show them each semester if requested by the assigned health care facility. It is possible that participation at a particular facility may necessitate additional screening or that additional screening may be required during the course of the program (this may incur an additional cost at that time). I understand clinical facilities and/or training sites may refuse to permit me to access clients/patients based on information contained in the reports and that their criteria may differ from the criteria of the Appalachian State University’s Department of Nursing.
- I further authorize the clinical facilities and/or training sites where I am placed for my clinical experience to share any information they have regarding my participation in the clinical training program at their site with University. I hereby release, indemnify and hold harmless the applicable clinical facility, training site(s) and their respective officers, employees, agents, contractors, and other representatives from any liability or damage in connection with their release of the information noted in this provision to University.
- I have the right to terminate this consent and release at any time in writing, however, I understand that doing so will prevent the University from providing the information necessary for me to be placed at or permitted to engage in a clinical experience.

I HAVE READ AND UNDERSTAND THIS CONSENT AND RELEASE AND AGREE THAT IT WILL LEGALLY BIND ME AND MY ESTATE, AND I SIGN IT VOLUNTARILY.

**BSN**   
**RN to BSN**   
**MSN**

**Student from**   
**other institution**  
**Faculty**   
**Staff**

**Staff**   
**Visitor**

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name (Print)

\_\_\_\_\_  
 Banner ID