

Consent for Release of Information

As a student/graduate of SCU, there will be occasions when SCU is requested to provide information concerning your academic and clinical education performance to third parties, including, but not limited to employers, licensing boards, or personnel from clinical facilities.

The purpose of this form is to provide consent for the release of all such information.

Please initial and sign below.

_____ Clinical Education Information

- Name and Contact Information
- Emergency Contact Information
- "Site View" of the student's Exxat profile
- Compliance documents for onboarding (ie health information, verification letter of background check and/or drug screen if applicable)
- HIPAA and OSHA training certification
- Basic Life Support certification
- Professional Liability Insurance information
- Applicable academic status

_____ Current and/or permanent address to prospective employers

_____ Other (specify): _____

Student/Graduate Name (please print): _____

Signature: _____ Date: _____