

Ohio University School of Nursing

This is one of the forms that must be completed and returned to the School of Nursing by the end of the second week of NRSE 300.

Release of Information Form

Sign either #1 OR #2 below

#1: I, _____ (print your name) give my consent for individuals affiliated with any of the relevant accrediting bodies, e.g. CCNE, NLNAC, OBN, NCACS, to view my academic file in the School of Nursing, and/or papers I have completed. This consent is valid for the entire time I am a major in the Ohio University School of Nursing.

Signature

Date

#2: I do NOT give permission for my file to be reviewed.

Signature

Date

Permission to Share Assignments

Sign either #3 OR #4 below

#3: I give the faculty of Ohio University School of Nursing permission to copy and/or retain any assigned work that I complete in my nursing courses. I understand that this work may be shared with affiliated agencies and/or accrediting bodies associated with the School. Faculty members may want to share exemplary student work with other students. If this is done the name (and any other identifying information) of the person who completed the work will be removed unless the faculty member sought and received specific permission to share the personal information.

Signature

Date

#4: I do NOT give permission for my completed papers to be shared.

Signature

Date