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| **Release of Personal Records for Clinical and Certification Form** |

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. S 12329; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. Generally, schools must have written permission from the eligible student or parent in order to release information from a student's education record.

I understand that in order to meet audit and/or participation requirements in a Tacoma Community College clinical education course, specific personal records must be shared with the assigned clinical site, upon request. Specifically, these records can include, but not be limited to, date of birth, previous education and training, CPR Certification, health and vehicle insurance, health and immunization records, criminal background screening, and/or previous licensure.

I further understand that in order to assess my progress in the clinical coursework, faculty from Tacoma Community College will need to communicate with the assigned clinical site.

I understand that I have the right not to consent to the release of my personal records, but understand that this may likely restrict my ability to participate in and complete the clinical requirements for my educational program.

By signing below, I consent to the release of the above listed information to an assigned facility site, as required by the clinical facility and hereby release Tacoma Community College and its staff from responsibility or liability that may occur from the act here authorized.

This consent shall remain in effect until revoked by me, in writing, and delivered to the Allied Health office, but that any such revocation shall not affect disclosures previously made by Tacoma Community College staff prior to the faculty receipt of any such written revocation.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Printed Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID#: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_