



College of Nursing

STUDENT RELEASE AGREEMENT

I, _____, understand that the College of Nursing must maintain student records and distribute health, CPR, and criminal background information about students to required clinical agencies to meet required standards. I also understand that the College of Nursing must report aggregate student data to accrediting bodies, and may utilize student data for self-study/ or research purposes.

In light of these expectations, I, _____ hereby agree:

To the release and distribution of my individual health data, and CPR certification to clinical agencies as required.

To the release of information obtained through criminal history search to health care agencies in accordance with the Caregiver Law (Wisconsin Act 27).

To the release of the last 4 digits of my social security number if required by a clinical agency.

To the use of aggregate student data for self- study/research and accreditation purposes. I understand that no identification of my individual data will be permitted.

To the destruction of my personal student records including health information and background checks in 7 years from the date of graduation from the College of Nursing.

I have read and will comply with the following documents:

- Student Responsibilities Agreement
- Academic Honesty Policy
- Behavioral Expectations for Electronic Communication

Signature _____ UWO ID _____

Date _____

Return by _____ to:

Undergraduate Program Office
College of Nursing
University of Wisconsin Oshkosh
Oshkosh, WI 54901

1/08
05/09
01/10
8/10 & 3/11, 8/14