



The Loewenberg School of Nursing

**LOEWENBERG SCHOOL OF NURSING
AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION AND
ACKNOWLEDGEMENT (FORM 001)**

I, _____ hereby authorize the University of Memphis,
(Student's name)

including all employees, agents, and other persons professionally affiliated with the University of Memphis having information related to the results of my background check and credential check(s) as these terms are generically used by background check agencies, hospitals, clinics and similar medical treatment facilities, and data necessary for compliance with agency contracts including, but not limited to, dates of birth, social security numbers, and immunization records, to disclose the same to such faculties and the appropriate University of Memphis administrators and faculty providing clinical instruction at such facilities, waiving all legal rights to confidentiality and privacy.

I expressly authorize disclosure of this information, and expressly release the University of Memphis, its agents, employees, and representatives from any and all liability in connection with any statement made, documents produced, or information disclosed concerning the same.

I understand that a hospital, clinic, or similar medical treatment facility may exclude me from clinical placement on the basis of a background check. I further understand that if I am excluded from clinical placement, I will not be able to meet course requirements and/or the requirements for graduation. I release the University of Memphis and its agents and employees from any and all liability in connection with any exclusion that results from information contained in a background check.

Any hospital, clinic, or similar medical treatment facility to which I am assigned may be required by the Joint Commission on Accreditation of Healthcare Organizations' policy to conduct an annual compliance audit of five percent (5%) or a minimum of thirty (30) background investigation files. I agree that, upon request from a hospital, clinic, or similar medical treatment facility to which I am assigned, I will provide the results of my background check to be used for audit purposes only.

Student signature

Print name

University of Memphis ID Number (UUID)

Date