



NURSING AND HEALTH PROGRAMS

Consent/Authorization for Release of Background Study Information

To be completed by the person giving consent/authorization (please print):

| | |
|--|---------------------|
| Name _____ | Date _____ |
| Address _____ | Date of Birth _____ |
| City/State _____ | Phone _____ |
| Program requesting Background Study: _____ | |
| Semester in Program: _____ Instructor: _____ | |

Consent/Authorization:

I authorize South Central College to release any information obtained as a result of this background study performed by the Department of Human Services, or a request to the Commissioner of Health for reconsideration of a disqualification, to clinical and internship sites or other sites for academic learning.

I understand that the outcome of the background study will be reviewed and may affect my eligibility to fulfill Nursing Program or other Allied Health Program requirements at South Central College.

I know that state and federal privacy laws protect my records. I know:

- Why I am being asked to release this information;
- That, generally, I must give my written consent for South Central College to give out the information;
- I do not have to consent to the release of this information, however if I do not consent, the required background study process will not be completed and may affect my status within nursing and allied health programs at South Central College;
- I may stop this consent with a written notice at any time, but this written notice will not affect information South Central College has already released;
- This consent will end one year from the date I signed it.
- A photocopy of this authorization may be used in the same manner and with the same effect as the original document.

Signature of individual giving consent

Date

**Minnesota Department of Human Services
Background Study Information for NET Study 2.0**

The following information will be used to initiate a background study check done by the Minnesota Department of Human Services, Licensing Division, electronically in NetStudy 2.0.

Secure Driver's License copy here

(Write **legibly**)

First Name _____ **Picture ID verified by** _____

Last Name _____

Birthdate (Enter date of birth in MM/DD/YYYY) _____ Country of Birth/ State _____

Social Security Number _____ - _____ - _____

Middle Name _____

Permanent /Physical Address _____

City _____

State _____ Zip Code _____

County _____

Mailing Address _____

City _____ State _____ Zip Code _____ County _____

Race: Asian ___ Pac. Islander ___ African American ___ Native American ___ White ___ Unknown ___

Gender: Male ___ Female ___ Unknown ___

Eye Color _____

Hair Color _____

Height _____

Weight _____

Primary Phone (area code + number) _____ Type of Phone _____

Secondary Phone (area code + number) _____ Type of Phone _____

Email address _____

Other First Names you have used _____

Other Last Names you have used _____

Prior Out-of-State address within the last five (5) years:

_____ Year from : _____ Year to: _____

_____ Year from : _____ Year to: _____

MN Driver's License/ MN State ID _____ Expiration Date _____

Photo ID is required.

ID used for this document needs to be the SAME ID used at the Picture/Fingerprint Location