

**AUTHORIZATION FOR THE RELEASE  
OF STUDENT INFORMATION**

I, \_\_\_\_\_, hereby authorize South Central College to release my Social Security Number, date of birth, and/or private personal student clinical documentation requested by the nursing program (as outlined in the nursing handbook) to any clinical site or facility as may be requested where I will participate in clinical training.

I authorize the clinical site or facility to use this information to verify my identity to permit access to the facilities electronic training and records system, demonstrate compliance with facility policies and to support my clinical activities while at the clinical site.

I understand that my Social Security Number and date of birth, and personal student clinical documentation, when maintained by the college, are part of my "educational records" which are classified as private about me under Minn. Stat. § 13.32 and the Federal Family Educational Rights and Privacy Act. I understand that by signing this Authorization, I am authorizing South Central College to release to the clinical site and their representatives information that would otherwise be private and not accessible to them. I understand that without my informed consent, the college will not release my Social Security Number or date of birth because it is classified as private.

I understand that I am not legally obligated to provide this information. I understand that if I do not release the above requested information, the clinical site or facility may not permit me to participate in clinical training at its facilities.

This consent expires at the completion of my nursing training at South Central College or three years from the signature date, whichever comes first. A photocopy of this authorization may be used in the same manner and with the same effect as the original documents. I understand that if I wish to withdraw my consent for the release of the aforementioned documentation, I must submit my request in writing to the Director of Nursing at South Central College.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Print: Last Name First Name Middle Initial

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
SCC Student ID #