



**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**