Program: (Please check one):



\square ACE	\square PA	\square CFT
□ Co-op	\square PTRS	\square CAT
□ RN-BSN	\square HSAD	\square RT
\square MSN	☐ HSCI	□ Faculty
\square DrNP	□ NS/ISPP	
\square NUAN	\square BHC	

Authorization to Release Information to Clinical Site

Some University-affiliated clinical facilities require that a criminal background check or investigation be performed on all students prior to being placed in the clinical site. The purpose of this Authorization to Release Information is to provide documentation of your criminal background investigation (and any reports generated by such investigation), and any other information that you have provided to the College of Nursing and Health Professions relating to the results of the criminal background investigation, to the clinical facility(ies) that are part of the education program at the College of Nursing and Health Professions. In signing this Authorization, you understand that the criminal background investigation and review of the information by the College and the clinical facility(ies) is being conducted for the purpose of assisting them in evaluating your suitability for the nursing program and/or the clinical placement.

Please read and sign the following authorization and release from liability statement:

I hereby authorize Drexel University College of Nursing and Health Professions to disclose the results of the criminal background investigation and any other information relating to the criminal background investigation results (whether provided by me or obtained from any other source) that may be required by any clinical facility(ies) prior to the start of, or during, my educational program at such facilities. I release Drexel University, its affiliated entities, trustees, officers, faculty, employees, and agents from all liability for disclosing the information and documents described above and for acting based on such information and/or documents.

Name	
Signature	
Date	