

## **Troy University School of Nursing**

### **Permission to Release Records from School of Nursing Files**

My signature below authorizes the Troy University School of Nursing to release information and data found in my School of Nursing files to approved TROY School of Nursing clinical agencies. This authorization for release of information is for the purpose of meeting clinical agency requirements for participation in clinical experiences.

In addition, I authorize Troy University School of Nursing to release information and data found in my School of Nursing files to any prospective employer or his designated representative or to an educational institution in writing, in person, or by telephone upon my written request. This authorization for release of information is for the purpose of my obtaining employment or further education, and I fully understand the necessity of a potential employer or school official having access to this information.

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Print Name

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Signature

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Date