

## OHSU School of Nursing Release of Information Form

Full Name:
Academic Program & Campus:
Permission to Release Information: Please initial the following:
I authorize the Office of Academic or Student Affairs or its designee, to release information from my student file for the purposes of writing letters of recommendation for scholarships.
I authorize the Office of Academic or Student Affairs or to post my name indicating that my GPA was sufficient to qualify for achievement recognition. I understand that my exact GPA will not be disclosed.
I authorize the Office of Academic or Student Affairs or to release information about my achievements, special recognition or involvement in community/professional activities.
I authorize the Office of Academic or Student Affairs or its designee, to release student phone numbers for use to follow up with clinical agency business. You are not required to give out this information. If you do not wish to disclose this information, please cross out the blank for your number and sign your name. You must make alternative arrangements with your clinical advisor if you choose not to disclose this information.
Contact Phone Number:
I authorize the Office of Academic or Student Affairs or to use and display any photographs taken in print or electronic form in any publication, multimedia production, internet page, display or advertisement for OHSU. I release and forever discharge OHSU, its agents, officers and employers from any and all claims and demands airing out of or in connection with the use of any comments, quotes, photographs or film, including, but not limited to, any and all claims for invasion of privacy or defamation.
Family Education and Privacy Act (Buckley Amendment) states it is a violation of federal and state law to release any information regarding an individual student without the student's written consent.
Signature of Student:Date:

Please upload this signed form to your Exxat account.