**RELEASE OF INFORMATION**

The Campbell University Physician Assistant (PA) program is required, by affiliated health care institutions that provide clinical educational rotations at their institutions, to provide certain personal student information. The release of information is required in order to permit students to receive clinical training at each institution in compliance with state and federal law.

It is therefore necessary for you to grant the PA program a **Release of Information**. By signing this form you are giving the program and your clinical team, permission to provide specific personal information to affiliated institutions as necessary to participate in your clinical rotations. This information includes a copy of your immunization record, TB test results and/or chest x-ray results, drug screening results, and criminal background check information as required by each clinical institution and waive any rights regarding the release of said information under the Family Education Rights and Privacy Act (FERPA) (20 USC 1232g, *et seq*.)

By signing this form I give the Campbell PA program, and its faculty and staff, permission to provide the above identified personal information to affiliated clinical institutions as necessary to comply with institutional credentialing.

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_