



CONSENT TO RELEASE INFORMATION

Name:

GU ID #:

Email:

Phone #:

As a faculty of Gonzaga University's Nursing Program, I understand that I am required to comply with the requirements listed below. This is required both to teach courses with clinical content, and to supervise students' clinical education (including possible on-site clinical visits).

I knowingly and voluntarily authorize the Department of Nursing to release this information upon request to clinical sites at which I may be visiting or supervising students. I understand that I may withdraw this permission by notifying the Assistant Dean of the Department of Nursing & Human Physiology in writing. However, refusal to give consent to release the information or withdrawal of this authorization may prevent my teaching or supervising students at a clinical agency, or in courses with clinical content.

I acknowledge I need to complete the following by the first day of the semester in which I am teaching a course with clinical content, or visiting or supervising students at clinical sites; and maintain any clinical requirements listed below until such time as I am not teaching courses with clinical content, or visiting or supervising students at clinical sites.

- Background Check
- Drug Testing
- Proof of vaccinations and BLS certification by a AHA approved course

Signature:

Date: