

The following releases must be completed, signed, and returned to the College of Nursing prior to your enrollment in nursing courses.  
**Please print these forms and bring them with you to new student orientation.**

## STUDENT CONSENT to Release Education Records to Rotation Sites

I understand that the success of my clinical or academic rotation may require communication between the staff of my rotation site and University program faculty and staff. These communications will relate to my education, performance, and progression in the rotation and may include, but are not limited to, discussion of the following:

- My interaction with patients / staff / instructors
- My performance
- My status in program
- My competency and skill levels
- My initiative and professional behavior
- My student immunizations/certifications

I understand many clinical agencies that are utilized such as OU Medical Center (OUMC) and the VA use health care information systems and an individual's social security number is the means to grant access to those systems. Those clinical agencies require that I complete certain forms in order to grant access to their systems. I am aware that the College will transmit those forms along with a spreadsheet containing my social security number to those clinical agencies for processing. Disclosure of my social security number is voluntary. However, if I decline to provide this information, the clinical agency will not grant me access to their systems

I, \_\_\_\_\_, give the University of Oklahoma Health Sciences Center College of Nursing program faculty and staff permission to disclose my relevant education records / information to the clinical / academic rotation sites for academic year(s) \_\_\_\_\_, only to the extent necessary for my progression in and completion of my chosen academic program

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Student's Signature)

# New Student Release Forms

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## LEASE FORMS FOR REFERENCES

### CHECK ONE ONLY

I, \_\_\_\_\_, give permission to members of the University of Oklahoma College of Nursing faculty, administration, and staff to read my academic record in order to compile a reference.

I, \_\_\_\_\_, give permission to members of the University of Oklahoma College of Nursing faculty, administration, and staff to read my academic record in order to compile a reference with the following restrictions:

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I, \_\_\_\_\_, do not give permission to members of the University of Oklahoma College of Nursing faculty, administration, and staff to read my academic record in order to compile a reference. I understand that the College of Nursing will not compile a reference for me unless I give specific permission.

### THIS FORM SHALL BE VALID UNTIL RESCINDED.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Student's Signature)

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I consent to The Board of Regents of the University of Oklahoma (“University”) recording and disclosing my likeness, image and voice as embodied in any picture, videotape, film, slide, or audio recording (collectively “Images”) taken while I’m a student at the University of Oklahoma Health Sciences Center. It is understood that these Images will be used at the discretion of the University including, but not limited to, for University/college/departmental publications, composite photos, website postings, brochures, newsletters, recruitment, promotion, identification, honors and awards, and other publications related to the University’s teaching, research or public outreach mission. It is understood that these Images will be used for an academic purpose at the discretion of the University. To the extent the Images addressed herein are education records governed by the Family Educational Rights and Privacy Act of 1974, I grant the University permission to release the information to individuals or entities in furtherance of the purpose(s) stated in this paragraph to third parties. These individuals may include another student, employee or staff member, representative or contractor of the University, and/or the public (limited to public display and publication for purposes related to the University’s academic mission).

By signing this Consent and Release, I grant to the University the absolute right and permission to copyright, in its own name or otherwise, and use, reuse, publish, and republish Images that may include my Image in whole or in part for the purposes identified in the above paragraph. I hereby waive any right, title or interest that I may have to these Images, including, but not limited to, the right to inspect or approve the finished product or products and the advertising copy, if applicable, or any use to which it may be applied. I agree that all such Images and plates and negatives and the like connected therewith, are and shall remain the property of the University. I release, discharge and agree to hold harmless The Board of Regents of the University of Oklahoma, including, but not limited to, its Regents, officers, employees, agents, representatives and assigns, and all persons acting under the University’s permission or authority from any and all claims, damages, and liability arising out of the use and disclosure of my Images and any publication thereof, including without limitation any claims of libel or invasion of privacy.

I am eighteen years of age or older and have the right to contract in my own name and I am not restricted by any other commitments to third parties and the University has no financial commitment or obligation to me as a result of this Agreement. I have read the above Consent and Release, prior to its execution, and I am fully familiar with its contents.

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

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

If Student is a minor:

\_\_\_\_\_  
Signature of Parent or Legal Guardian

This form shall remain valid through my enrollment at the University. However, I may revoke this Consent at any time by sending a written request to \_\_\_\_\_.

\*NOT FOR USE WITH RECORDING OF PROTECTED HEALTH INFORMATION (“PHI”)

Approved 5/27/2011

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## STUDENT HANDBOOK

I understand that the University of Oklahoma College of Nursing Student Handbook can be accessed online at <http://nursing.ouhsc.edu/Home.aspx> and it is my responsibility to read and abide by the policies therein.

## COMPUTER LITERACY REQUIREMENT AFFIRMATION STATEMENT

I will read the University of Oklahoma College of Nursing Student Computer Literacy Requirement (Student Handbook). I affirm that I have the ability to meet the cited requirements, or if I lack the ability to meet the cited requirements, that I am responsible for gaining the required skills.

## COMPUTER SECURITY POLICY AFFIRMATION STATEMENT

I will read the University of Oklahoma College of Nursing Student Computer Security Policy (Student Handbook). I agree to abide by the Policy in my use of University computing resources. I understand that I will be held responsible for my personal actions regarding respect of others and the computing environment. Copyright violations. Unauthorized access of computer(s) systems and personal account security. I will not divulge my password or allow others to use my account. I understand that any violations of the Computer Security Policy will result in the loss of computer service privileges.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Student's Signature)

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## STUDENT CODE OF HONOR

I acknowledge that I will read the Student Code of Honor (Student Handbook) and accept responsibility for the contents therein. I understand that the Student Code of Honor applies to all students enrolled in the College of Nursing.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Student's Signature)

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## PRE-ENROLLMENT HIPAA AFFIRMATION

As a new or returning student of the University of Oklahoma, I declare that I am not bringing to the University any confidential or proprietary information of another entity or previous employer that I am not specifically authorized to have. Such information may include but is not limited to student or patient information, research information, and trade secrets. In addition, to the extent I received specific authorization to take such information from another entity or previous employer, I will not bring that information to the University; will not put it on University-owned property, devices, or systems; and will not use it in the scope of my degree pursuit without the specific **prior written permission** of my department chair or supervisor. If I receive such permission, I will use and protect the information in accordance with all University policies, including policies on security of electronic data. Upon my departure from the University, I understand that I may not take any University confidential or proprietary information without the prior written approval of my department head or supervisor.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Student's Signature)