

**PACIFIC LUTHERAN UNIVERSITY**

***School of Nursing***  
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***Consent to Release Education Records to a Third Party***

I, \_\_\_\_\_, understand that The Family Educational Rights and Privacy Act of 1974, also known as FERPA, grants students attending post-secondary institutions certain rights and privacies regarding their Education Records. I understand that "Education Records" are defined in FERPA, and generally include any and all records that contain any information related to me that are maintained by Pacific Lutheran University.

I hereby authorize Pacific Lutheran University to utilize and disclose information contained in my Education Record, *including results from Washington State and National background checks to the medical facilities where I will be participating in an internship, practicum or clinical experience.*

Furthermore, I hereby release Pacific Lutheran University, its Trustees, Officers, Employees, Agents or Assigns, from any and all liability for release of the above-named records/information. I understand this consent is effective only to this/these specific request(s).

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print name signed above

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City State Zip

(\_\_\_\_\_) \_\_\_\_\_ (This is my: home / cell / work )  
Telephone number

\_\_\_\_\_  
Email address