



The Peninsula's Community College

## NURSING DEPARTMENT - BUSINESS PARTNER STUDENT RELEASE OF INFORMATION FORM

Enrollment and participation in the Thomas Nelson Community College Nursing program(s) requires that students provide proof of general and specific health status, immunization records, CPR certification, criminal background check, social security number, driver's license/photo identification card, academic records, urine/blood tests for drug screening and any other information that may be required by the college, clinical facility and/or field agency policy or legal mandate to establish students' fitness to care for live patients in a clinical and/or field setting.

The Health Professions Division, Nursing Department/Program is required to share some or all of the aforementioned information with clinical facility and/or agency partners who provide sites for the required clinical and internship/training portions of the programs courses.

Additionally, the Health Professions Division, Nursing Department/Program is required to share some or all of the aforementioned information with other entities for accreditation, course validation, certification eligibility, testing, certification issuance and/or other purposes in support of the student and/or the educational program.

Further, the Thomas Nelson Community College Health Professions Division, Nursing Department/Program utilizes the services of third-party software vendors for some educational/course work, as well as for the clinical and field verification and documentation purposes (a list of current software, clinical and field locations is available upon request). The Health Professions Division, Nursing Department/Program is also required to enter some or all of the aforementioned information into software programs and/or databases not contracted by and out of the control of the College, i.e. Virginia Department of Health, American Heart Association, ACEN, etc.

Pursuant to the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1231g ("FERPA"), the college and/or any of its agents may not release information without the written consent of the student; subject to the exceptions specified under FERPA. You may obtain more information about Student Rights and Responsibilities (FERPA) from your course catalog, student handbook, or college website [www.tncc.edu](http://www.tncc.edu). The clinical facilities and/or field agencies are required to maintain the confidentiality of these records and may only use them to determine that a student meets the standards of the institution and thus does not present a threat to their patients or staff.

Choosing to not provide permission for the release of this information will prohibit participation in Thomas Nelson Community College Health Professions Division, Nursing Department/Program as it will result in a ban from the clinical facilities where students are required to complete the clinical portions of training. Admission to and successful completion of the clinical training portions of Nursing courses are required for program enrollment and completion.

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NAME OF STUDENT (Last, First, Middle Initial)

STUDENT ID NUMBER

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ADDRESS (Street, City, Zip)

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EMAIL ADDRESS

## PART I

I understand that some of my records are protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby grant permission for access to and/or the release of all applicable records described above to clinical facilities and/or field agencies and grant access to those records by agents of those clinical facilities, field agencies, agents of third-party software used for records retention and clinical/field competency validation in use by the program/courses as required for my participation in and/or completion of the Thomas Nelson Community College Health Professions Division, Nursing Department/Program and/or courses in which I am or intend to be enrolled.

I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to the Thomas Nelson Community College Health Professions Division Health Professions Division, Nursing Department. Further, I understand that revocation of this consent will result in ineligibility to enroll in and/or continue in any Thomas Nelson Community College Nursing programs/courses. This authorization is in effect for the duration of my participation and enrollment in Thomas Nelson Community College Health Professions Division, Nursing Department/Programs and/or courses, unless revoked in writing, photocopies of this release form may be accepted, when presented in person with appropriate identification.

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Student Printed Name

Student Signature

Date

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## PART II

### **ALL AFFILIATED STUDENTS REQUIRED TO COMPLETE THE INFORMATION BELOW**

#### **Business Partner/Employer Release of Information Authorization**

In accordance with the aforementioned documentation pertaining to the release of information and the various types of information to be released, I do hereby grant permission to Thomas Nelson Community College, the Health Professions Division, Nursing Department/Program and its authorized agents/representatives to release any and/or all of the aforementioned information to:

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Company/Organization Authorized Agents/Representatives

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Address

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City State Zip Code

Upon request of the Company/Organization Authorized Agent/Representative.

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Student Printed Name

Student Signature

Date

### **IMPORTANT INFORMATION FOR ALL STUDENTS**

**FAILURE TO EXECUTE PART I OF THIS FORM BY THE ESTABLISHED DEADLINE WILL RESULT IN YOUR ADMINISTRATIVE WITHDRAWAL FROM THE NURSING PROGRAM/COURSE. FAILURE OF AFFILIATED STUDENTS (WHO REQUIRE INFORMATION RELEASES TO THEIR EMPLOYER) TO COMPLETE PART I AND II OF THIS FORM RESULT IN YOUR ADMINISTRATIVE WITHDRAWAL FROM THE NURSING PROGRAM/COURSE.**