

Family Educational Rights and Privacy Act of 1974 (“FERPA”) and
Fair Information Practices Act (“FIPA”)
RELEASE FOR CLINICAL, PRACTICUM AND INTERNSHIP

Student Name: _____
(Last First Middle)
(please print)

I have read the University of Massachusetts Boston’s (the “University’s”) policy regarding the Family Educational Rights and Privacy Act of 1974 (“FERPA”). In addition to personal information contained in my education records and held by the University, the University may hold personal information protected under the Fair Information Practices Act, Mass.Gen. Laws ch.66A, (“FIPA”). I understand that some of my personal information may be protected under FERPA and/or FIPA and cannot be released without my prior written consent. I understand that as part of my educational requirements as a student in the University’s College of Nursing and Health Sciences, I am required to perform a clinical, practicum or internship at a hospital, other healthcare facility or course approved agency (“ Facility”). The Facility requires certain personal information in order for me to participate in a clinical, practicum or internship.

I authorize the University to release personal information from my education records in the possession of the University consisting of the following when requested by a Facility. I understand that I must indicate my consent by executing and dating this document and checking the appropriate box below.

- | | |
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| <ul style="list-style-type: none">• First, Middle and Last Names• Alias (Nickname or if you go by your middle name rather than your first name)• Mother’s maiden name• Full social security number• Date of birth• Country of birth• Citizen status• Place of birth• Gender• Height• Weight• Hair color• Eye color• Race• Office of Inspector General Exclusion status• Government issued ID | <ul style="list-style-type: none">• Selective service status• Fingerprinting• Current address• Email address• Cell phone number• Military service status• Licensure status• Notification of Criminal Background Check Clearance• Health insurance• CPR status• Immunization records (TB checks, Chicken Pox, Hepatitis B, Tetanus etc.)• Health physical documentation• Respirator fit test documentation• Notification of Drug Screening Clearance• Resume, Cover letter, and Skills List |
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(“Student Information”) to any Facility where I may participate in a clinical, practicum or internship as part of my educational requirements at the University. The purpose of releasing this Student Information is to permit the Facility to verify my qualifications to participate in the clinical, practicum or internship program offered at that Facility. I further consent to the redisclosure of Student Information by the Facility if required by a State, Federal, or accreditation agency investigating the care provided to a patient or client of the Facility based upon the belief that the Student Information may be relevant to the investigation.

I certify that this consent has been given freely and voluntarily. I understand that I may revoke this consent at any time by providing written notice of such revocation to the Clinical Placement Specialist at the the College of Nursing and Health Sciences of the University of Massachusetts Boston, Science Building, 2nd floor (617-287-7500) who maintains the records of this authorization. This authorization will remain continuously in effect for six (6) years from the date provided below. I understand that if I do not assent to the disclosure of my Student Information; or I revoke my previous consent while I am a student in the College of Nursing and Health Sciences, I may not be able to complete the clinical, practicum or internship program requirement of my course. I understand that if I do not assent to the disclosure of information I must indicate my non-consent by checking the appropriate box below and execute and date this document.

Signature

Date: _____

Printed Name

I authorize the information release

UMS
Student Identification No.

I do NOT authorize information release

Program Enrolled in: _____