

School of Nursing  
College of Health and Human Development  
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## **FACULTY RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION**

### **California State University, Fullerton School of Nursing**

To facilitate my participation as a Clinical Instructor in clinical placements, I authorize California State University, Fullerton (University) to release upon written request from any agency or entity where I may be assigned to teach any clinical experience my personally identifiable information from documents maintained by the University, including but not limited to my Social Security number; date of birth; personal cell phone number; medical information and health status (including but not limited to physical examinations, immunization status, titers and results from medical screening examinations such as screening for tuberculosis); RN license; California Driver's license number; background check results; drug screens; and Basic Life Support (BLS) certification.

I understand and acknowledge that I am responsible for assuring that the personally identifiable information I provide to the University, including but not limited to my Social Security number; date of birth; personal cell phone number; medical information and health status (including but not limited to physical examinations, immunization status, titers and results from medical screening examinations such as screening for tuberculosis); RN license; California Driver's license number; background check results; drug screens; and Basic Life Support (BLS) certification, is both accurate and current. I understand and acknowledge that failure to supply or maintain the accuracy/currency of this information may result in my exclusion from clinical placements and prevent me from performing required employment responsibilities at the University.

This consent to the University's release of my personally identifiable information upon written request from any agency or entity where I may be assigned to teach any clinical experience shall remain in effect for the duration of my employment at the University.

Faculty Signature: \_\_\_\_\_

Faculty Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_