

Consent for Limited Release of Identifier

I, _____, am presently a student in good standing at The University of Texas School of Nursing at Houston (School), an academic unit of The University of Texas Health Science Center at Houston ("UTHealth"). I understand that any School degree program to which I am admitted will require my participation in clinical activities at clinical sites affiliated with the School. I acknowledge and understand that as a pre-requisite to my registration, attendance and participation in certain clinical practice courses, those clinical sites may require my social security number, or a portion thereof and home address ("my identifier"), be provided to each site. I acknowledge and understand that I will not be permitted to participate in clinical activities at those sites until my identifier is provided to the site.

I consent to the release of the required identifier (e.g., my social security number or portion thereof, and/or home address) by the School through the School's Office of Student Affairs to the appropriate employee(s) of the clinical sites at which my participation is required and/or assigned. This consent extends to each clinical site at which I am assigned throughout my enrollment at the School.

My consent is specifically limited to the release of my identifier by the School's Office of Student Affairs and its authorized administrator(s)/staff. I expressly limit my consent and provide that my consent to release my identifier to clinical sites does not extend to any individual faculty or staff member at the School.

I release and hold harmless UTHealth and all UTHealth employees from any damages that I might incur from the release of my identifier by the School's Office of Student Affairs and its authorized administrator(s)/staff to clinical sites affiliated with UTHealth to which I may be assigned and at which I participate in clinical activities as part of my program of study. I release and hold harmless UTHealth and all UTHealth employees from any damages that I might incur from the release of my identifier by any clinical site and/or clinical site's employees to which my identifier was released by the School Office of Student Affairs and its authorized administrator(s)/staff.

Date: _____

Program: _____

Signature

Printed Name of Student

Student School of Nursing ID#

Last 4 digits of SSN

Home Address