

FORM B-1

CONSENT FOR DISCLOSURE FORM

Consent to Disclose Education Records, Documents and/or Information

Requirement:

The University of Hawai‘i at Mānoa Nancy Atmospera-Walch School of Nursing (UHM NAWSON) must provide health documents and other information required by any facility or organization (“Facility”) that hosts your clinical and/or fieldwork experience (“Experience”) while you are a NAWSON student.

FERPA:

I understand that during my participation in the Experience, written or electronic information that directly relates to me and is maintained by UHM NAWSON may constitute education records under the Family Educational Rights and Privacy Act of 1974 ("FERPA").

Consent to Share Student Information:

I hereby consent for UHM NAWSON to share with and/or disclose to the Facility information (verbal, written or electronic) required for my participation in the Experience, including but not limited to information pertaining to my health clearance, results and/or documentation related to criminal background checks, malpractice insurance records, educational records, and/or any other information or confidential information that Facility may require for my participation in the Experience (“Student Information”). Student Information that may be shared and/or disclosed by UHM NAWSON with or to the Facility may include, but is not limited to, information protected by FERPA. Such Student Information may be shared and/or disclosed for the purposes of complying with the policies and procedures of the Facility. I understand that the Facility will maintain any Student Information that they receive in accordance with applicable laws and the Facility’s policies regarding data governance. I also understand that certain UHM NAWSON faculty and staff will have access to and/or may review my Student Information as school officials with a legitimate educational interest in facilitating and/or enabling my Experience.

Confirmation:

I am at least eighteen (18) years of age, have read this Consent for Disclosure ("Consent"), and have full right, power, and authority to enter this Consent. I agree that: (a) the laws of the State of Hawai'i shall apply to this Consent and (b) if any portion of this Consent is invalid, the remainder shall continue in full force and effect.

Print Name _____

Signature _____

Date _____