

STUDENT CONSENT

To Release Education Records to Rotation Sites

I understand that the success of my clinical or academic rotation may require communication between the staff of my rotation site and the University program faculty and staff. These communications will relate to my education, performance, and progression in the rotation and may include, but are not limited to, discussion of the following:

- My interaction with patients/ staff/ instructors
- My performance
- My status in the program
- My competency and skill level
- My initiative and professional behavior

I _____ give the University of Oklahoma Health Sciences Center, _____ (Name of Program) program faculty and staff permission to disclose my relevant education records/ information to the clinical/academic rotation sites for academic year _____ to the extent necessary for my progression in and completion of my chosen academic program.

Student Signature

Date