

## Student Background Study Information Release Authorization

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In compliance with the Federal Family Education Rights and Privacy Act of 1974 and the Regents' Policy on Access to and Release of Student Education Records (<http://policy.umn.edu/Forms/fa/fa857.pdf>), the University is prohibited from providing certain information from your student record to a third party.

This release authorization form enables the University of Minnesota Medical School to provide clinical sites where you are placed the results of your background study per your request. A passing background study is required in the state of Minnesota in order to have direct patient contact according the Minnesota Statute S144.0574.

I authorize the University of Minnesota Medical School to release the results of my background study to clinical facilities where I will participate at during my academic career.

Student's Name (*please print*)

Student ID Number

Signature

Date

Medical School Registrar, MMC 293, 420 Delaware St. SE, Minneapolis, MN 55455