

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 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 program
- My competency and skill levels
- My initiative and professional behavior

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

Student Signature

Date