



## CLINICAL POLICIES RELEASE FORM

*Students, please check program option and submit as directed by the program staff.*

<input type="checkbox"/> <b>Basic BSN</b>	<input type="checkbox"/> <b>BRAND</b> (Accelerated BSN)	<input type="checkbox"/> <b>DNP</b>
335 Health Sciences Center (307) 766-4292	351F Health Sciences Center (307) 766-6565	

Official documents recording health records, proof of professional level CPR, and/or CNA, LPN or RN licensure (*as applicable*) are required for admission to specific FWWSO programs. Students are responsible for providing copies of these documents to clinical sites as requested. In the event that the school is required to forward copies of documentation directly to a clinical site, student signatures must be on file giving the school permission to release their information.

I, \_\_\_\_\_ authorize the **University of Wyoming, Fay W. Whitney**  
*Print full name*  
**School of Nursing** to release information related to my health records, CPR certification, CNA, LPN or RN licensure (*as applicable*), and information stored through a professional record tracker agency (*e.g. CastleBranch, Typhon*) to clinical agencies requiring this information in order to be allowed to complete my clinical time at their agency.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
UW ID "W" Number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date