

RELEASE OF INFORMATION

The release of information form enables the University of Minnesota Medical School to release to the clinical sites where you are placed the results of your background study and before the results are available documentation that a study has been requested by this program. Without this information, clinical sites are not likely to accept you for placement. Further, if you are disqualified but request reconsideration from the Commissioner of Health, in most circumstances clinical sites may allow you to continue direct patient contact at their facility pending the outcome of reconsideration if they have documentation that you have requested reconsideration.

I authorize the University of Minnesota Medical School, Office of Education to release to the clinical facilities where I am assigned as a student for the next twelve months, the following information:

- 1) The results of my criminal background study conducted by the Department of Human Services (DHS);
- 2) Documentation that a request for the background study was submitted to the DHS by this school or program; and
- 3) Documentation provided by me to the Commissioner of Health to request reconsideration of a disqualification.

The purpose of this release is to facilitate my placement in clinical facilities where background studies are required under Minnesota Statute S144.057.

This release is valid for one year effective from the date of my signature below.

Student Name: _____
(Please print) *First name* *Middle name* *Last name*

Signature: _____

Date: _____

Return completed form to:

Sharon Brooks
University of Minnesota Medical School
Office of Student Affairs – MMC 293, B680 Mayo
420 Delaware St. SE
Minneapolis, MN 55455