



COLORADO CHRISTIAN UNIVERSITY

School of Nursing and Health Professions

Authorization and Release Form

Informed Consent

The Nursing Program's curricular criteria and academic standards for course credit and program achievement require students enrolled in the program to undergo training at clinical sites. A critical element of determining a student's suitability for participation in the program is to determine that the student does not have a criminal record of drug-related and/or other felonies that might place the clinical site in jeopardy by the placement of an unsuitable student at its institution. Colorado Christian University is required to declare to the hosting institution the suitability of every student assigned to that institution. Therefore, all nursing students must undergo a criminal records check and drug screen as a term and condition of their enrollment in the University's nursing program. All costs associated with the criminal records check and drug screening will be borne by nursing program students. Further, all fees paid for drug screens and criminal record checks are non-refundable. Prior drug screens and/or criminal records checks results will not be accepted. The results of the criminal records check, and drug screen will only be released by the relevant consumer reporting agency and healthcare provider to the University. This information is securely maintained to ensure student confidentiality. The Family Educational Rights and Privacy Act (FERPA) will govern access to this file.

Authorization and Release

In connection with my admission and enrollment in Colorado Christian University's nursing program, and my participation in the program's clinical training opportunities, I, for myself, my successors, agents and estate, hereby: (1) authorize the University's drug screening and background checks, (2) consent to the providing of any and all drug screening and background check results to the University, (3) acknowledge that decisions regarding my application to and continued enrollment in the Program will be made based upon the results of these tests, and (4) release, discharge, absolve, indemnify and hold harmless the University, its officers, employees, and agents from any and all claims, causes of action, liabilities, demands, expenses, damages, or costs (including attorney's fees) present or future, whether known or unknown, anticipated or unanticipated, which I may assert against any of them in connection with my drug screening background checks as required for enrollment in the program. I understand that during the duration of my enrollment additional drug screening may be required at random and I agree to complete the drug screening within the allotted time frame. I understand that this release shall be forever binding and no rescission, modification or release there from may be made without the express written consent of Colorado Christian University. I have received all the information necessary to make an informed decision regarding this release. I fully understand the terms and consequences of agreeing to this release, and acknowledge that I voluntarily and of my own free will am waiving my right to assert any action against the University and all current and former officers, employees, and agents of the University performing services on behalf of the University, for any and all claims, causes of action, liabilities, expenses or damages which I may assert against any of them as a result of my undergoing drug screening and background checks as required for enrollment in the University's nursing program.

Limited Release

In connection with my admission and enrollment in Colorado Christian University's nursing program, and my participation in the program's clinical training opportunities, I hereby authorize the University and its agents to release any and all information relevant to my criminal record and/or drug screen results to any authorized clinical site representative it deems appropriate in order to determine my suitability to be enrolled in the University's nursing program and/or to be assigned to a clinical site selected by the University. A photocopy of this release will be sufficient to authorize the release of the information.

Typing my name is equivalent to my electronic signature. I agree my electronic signature is legal and binding.

Signature _____ Date _____



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Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your permission. You may choose to exclude your names from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be taken off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

For Questions or Concerns Regarding	Please Contact
CRA's, creditors and others not listed below	Federal Trade Commission, Consumer Response Center - FCRA Washington, DC 20580 Phone: 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name).	Office of the Comptroller of the Currency, Compliance Management, Mail Stop 6-6, Washington, DC 20219 Phone: 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board, Division of Consumer & Community Affairs Washington, DC 20551 Phone: 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision, Consumer Programs Washington, DC 20552 Phone: 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration, 1775 Duke St., Alexandria, VA 22314 Phone: 703-518-6360
State chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation, Division of Compliance & Consumer Affairs, Washington, DC 20429 Phone: 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 Phone: 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA, Washington, DC 20250 Phone: 202-720-7051