



AUTHORIZATION TO RELEASE INFORMATION

I have accepted a conditional offer of acceptance with The University of Toledo (UT) College of Nursing and hereby specifically authorize and permit The University of Toledo and its principals, employees, agents, servants, and contractors to contact my character references, former schools, colleges or universities, employers, law enforcement agencies, courts of law, federal, state and local regulatory agencies to obtain information from such sources about me. I understand that any investigation into my background may include reference to any information which is a matter of public record (for example, criminal convictions, traffic offenses and lawsuits). I hereby waive any rights of action I may have against The University of Toledo and its trustees, employees, agents, servants and contractors in connection with the obtaining or reporting of such information for purposes of determining my eligibility for entrance into the College.

This release is executed with full knowledge and understanding that the information is for the official use of The University of Toledo. I understand that this form may be photocopied and sent to Police Departments, employers, etc., as deemed necessary by the University.

Consent is also hereby granted to release requested information to the UT Campus Police Department. I hereby release you as the custodian of such records, both individually and collectively, from any and all responsibility or liability for damages of whatever kind, which at any time may result to me, my heirs, family, or associates, because of compliance with this authorization and request to release information or any attempt to comply with it. I understand and agree that this information is obtained by the University prior to my full acceptance as a student and therefore is not subject to the Family Education and Right to Privacy Act, even if I am or was previously enrolled in any capacity at The University of Toledo.

I understand that in signing this release I will be authorizing The University of Toledo to make inquiries into my personal, educational and work history. I also understand that a conditional offer of acceptance may be withdrawn based on the information obtained in such inquiries and tests, and also based upon the results of a pre-employment drug screen, physical examination and/or psychological examination as applicable.

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

Social Security #: \_\_\_\_\_

Date of Birth (*month/day/year*): \_\_\_\_\_

College Program: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_