

**Colorado State University-Pueblo  
School of Nursing  
Consent to Release and Store Records  
Drug Testing, Health Records, and Criminal Background**

This document is to verify that I have been informed of the process and consent to the storage and release of my criminal background report and student health profile (includes drug tests) report.

I understand that the report is just a general statement noting if I have met all requirements in the health examination, drug testing (negative), and criminal background (negative). If the report is positive I will meet with the Associate Dean of Nursing and discuss the results and give permission for release of the information to the clinical sites.

I understand without this information given to the clinical sites I may not attend clinical, which may affect my progression in the program. My criminal background report and student health profile report may be released if negative to the clinical institutions used by the Nursing Program.

I also approve the storage of the records on CastleBranch.com. My signature indicates my consent to the storage and release of my criminal background information.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Title: Consent to Release and Store Records  
Drug Testing, Health Records, and Criminal Background  
Date Approved: Spring 2017  
Date Revised: Spring 2017  
Date Reviewed: Spring 2017

