

***CALIFORNIA STATE UNIVERSITY, LONG BEACH***

**SCHOOL OF NURSING**

**CLINICAL REQUIREMENTS DISCLOSURE FORM**

I understand that the School of Nursing may be required to share medical or personal information to any clinical agency to which I may be assigned. I further understand that the School of Nursing will exercise due caution in sharing and storing this information. Therefore, I hereby authorize the release of any medical or personal information that I have disclosed to the School ofNursing for clinical agency placement.

Student Name: Student ID#:

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

**1250 BELLFLOWER BOULEVARD - MS 0301 LONG BEACH, CALIFORNIA 90840-0301 562/985-4463 FAX 562/985-2382**