

**Southwestern Oklahoma State University  
College of Pharmacy Information Release**

When I am applying for clinical or academic rotations or actively participating in clinical or academic rotations, I understand that it will be necessary for Southwestern Oklahoma State University Faculty/Staff to communicate and share information with university personnel and non-university personnel that are affiliated with the rotation site.

This communication and information will involve, but is not limited to, the following issues:

- The Student's Previous Education Records
- The Student's Performance at the Rotation Site
- The Student's Behavior at the Rotation Site
- Non-Directory Personal Information for Human Resources Purposes (including a social security number or the last four digits of a social security number)

While I am enrolled in the College of Pharmacy at Southwestern Oklahoma State University, I, \_\_\_\_\_, give Southwestern Oklahoma State University Faculty and Staff permission to disclose my relevant education records/non-directory information and discuss my performance/behavior with university personnel and non-university personnel that are affiliated with prospective and/or active clinical/academic rotation site(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Upon the completion of my program, I understand that it will be necessary for the state pharmacy board(s) in the state(s) in which I want to practice to receive my official transcript from Southwestern Oklahoma State University.

By signing this, I, \_\_\_\_\_ give authorization to Southwestern Oklahoma State University to send my academic transcript to any pharmacy state board(s) that I am seeking licensure with at the conclusion of my program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date