

RELEASE OF INFORMATION

I understand that as a student enrolled in the Nursing Program at NWU, my name will be checked against the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registers. A check of these registers is necessary to ensure that I meet provider standards.

The purpose of this check will be to determine if my name is being maintained on either register as a result of previous abuse/neglect allegations which have been investigated and have not been determined to be unfounded.

To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude.

My signature authorizes the Nebraska Department of Health and Human Services to release information to Nebraska Wesleyan University regarding me which may be listed on the Nebraska Child Abuse and Neglect Central Register or the Nebraska Adult Abuse and Neglect Central Register. The Department may state if my name IS or IS NOT on the Register for incidents of Child Maltreatment.

Nebraska Wesleyan University
Department of Nursing

5000 St. Paul Ave., Lincoln, NE 68504 Fax 402-465-2479

(Signature of Applicant/Employee)

(Date Signed)

(Printed or Typed Name of Applicant/Employee)

(Social Security Number)

Other Names Used in Past Twenty (20) Years
(Please Print or Type)
(Use back of sheet if necessary)

Other Addresses in Past Twenty (20) Years
(Please Print or Type)
(Use back of sheet if necessary)

Names of Children Who Have Lived With You
(Please Print or Type)
(Use back of sheet if necessary)

(Date of Applicant's Birth)

(Home Address of Applicant/City/Zip)

(Witness Signature)

(Date Witnessed)