

## Authorization for the Release of Faculty Background Study Information

This form is located on the Affirmative Action Office web site ([www.mnstate.edu/affirm](http://www.mnstate.edu/affirm)) and can be completed on-line. Once completed, it must be printed for signature. Hard copies are also available from the university department that is in charge of the internship/clinical.

### To Whom It May Concern:

I, \_\_\_\_\_, hereby authorize

Minnesota State University Moorhead  
1104 7th Avenue South  
Moorhead, Minnesota 56563

to release information contained in its files (including but not limited to reports, records and letters or copies thereof) regarding a background study performed by the Minnesota Department of Human Services, or a request to the Minnesota Commissioner of Health for reconsideration of a disqualification, to determine my eligibility to work at \_\_\_\_\_ facility to Minnesota State University Moorhead and its agents, including but not limited to its President, Deans and \_\_\_\_\_ Program Director.

I understand that Minnesota State University Moorhead will review this information to assess whether I may be permitted to teach in a clinical setting in its \_\_\_\_\_ program.

I understand that I am not legally obligated to provide this information. If I do provide it, the data will be considered private personnel data under state law and released only in accordance with that law, or with my consent. I provide this information voluntarily and understand that I may revoke this consent at any time. A photocopy of this authorization may be used in the same manner and with the same affect as the original documents. This authorization expires one year from the date of my signature.

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

(Signature of Faculty) \_\_\_\_\_

(Campus Address) \_\_\_\_\_

(Campus Telephone Number) \_\_\_\_\_