



California Baptist University
Attn: Dean, School of Nursing
8432 Magnolia Avenue
Riverside, CA 92504

RELEASE AND WAIVER

1. As an applicant to the School of Nursing at California Baptist University, I am required to furnish information for use in determining my qualifications. I hereby authorize any representative of the School of Nursing at California Baptist University bearing this release, or a copy of it, to obtain any and all information in your files concerning me, including information which may be confidential, privileged and/or derogatory in nature; including but not limited to: release of police officer records (pursuant to PC 832.7 and Evidence Code Section 1043) employment information, results of background investigations which pertain to me, psychological examinations and their results, educational records/transcripts, polygraph examinations and their results, dental records, credit and financial information, local criminal history information and/or any information you may possess. Additionally, I authorize you to release any disciplinary actions against me, which includes those that have been "sealed" pursuant to any agreement, and any internal affairs investigations, current or closed, or any files deemed confidential to me.
2. I authorize release of any record of contact between law enforcement agencies and myself to include arrests and convictions. I authorize the release to any law enforcement agency any information ascertained in this investigation relating to a possible crime.
3. I also authorize the release of any medical records or medical information in the files of my current or former employer(s), or any current or former physician(s).
4. I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the School of Nursing at California Baptist University.
5. I hereby release you from any and all liability for damage of whatever kind, which may result to me, my heirs, family or associated because of compliance with this authorization and request to release information, or any attempt to comply with.
6. This release will expire one (1) year after the date that it was signed, and is a complete, total and unequivocal waiver.

I hereby give my consent to the School of Nursing at California Baptist University to conduct an investigation as to my moral character and fitness and to make inquiries and request such information from third parties, as, in the sole discretion of the School of Nursing, is necessary to such investigation. I further authorize the use of any such information in the course of the school's investigation and evaluation of my moral character and fitness.

I authorize and request every person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party having opinions about me or knowledge or control of any information, documents, records (including but not limited to public or private disciplinary records, criminal history record information, medical or psychological records), or other data pertaining to me, to reveal, furnish and release to the School of Nursing at California Baptist University, or any of its agents or representatives, any such opinions, knowledge, information, documents, records or other data. Without limiting the previously described authority, I specifically authorize the release of files of any association, grievance, or other committee regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, as well as all undergraduate, graduate, or school records relating to my admission to and conduct during my enrollment in such schools.

I hereby release, discharge and hold harmless the School of Nursing at California Baptist University, its agents or representatives (including but not limited to expert witnesses or evaluators consulted or used by the school or its staff in the course of its investigation), and any person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party, and their agents, from any and all liability of every nature and kind arising out of the furnishing, inspection, and use of such opinions, knowledge, documents, records or other data.

Notwithstanding any statement herein to the contrary, this Authorization and Release shall operate to agree to the release of only those mental health records relating to the following:

- a) my being diagnosed with bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder, and any treatment therefore, within the ten (10) years immediately preceding the filing of my Application with the School of Nursing at California Baptist University; and

b) my admission to a hospital or other facility for the treatment of bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder, since attaining the age of eighteen or within the ten (10) years immediately preceding the filing of my Application, whichever period is shorter.

This limitation, however, does not apply to records relating to chemical dependency nor to any records relating to a disability for which I am seeking or intend to seek nonstandard testing accommodations. CERTIFICATION: *I certify that I have read this authorization form and understand its meaning and purpose.*

SIGNATURE: _____ NAME PRINTED: _____

WITNESS: _____ DATE: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.

STATE OF CALIFORNIA)

COUNTY OF _____)

On _____ before me, _____,
Date Name and Title of the Officer

personally appeared _____,
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal,

Signature _____
Signature of Notary Public

[Place Notary Seal Above]