Distance Degrees and Programs Office
Pharmacy & Pharmaceutical Sciences Bldg.
12850 E. Montview Blvd., Room V20-1116
Aurora, CO 80045
Mail Stop (C238-V20)
303-724-3582 office
303-724-3732 fax

NTPD@ucdenver.edu
ITPD@ucdenver.edu
www.ucdenver.edu/pharmacy

Family Educational Rights and Privacy Act (FERPA)

I understand that at the post-secondary level, pursuant to the Family Educational Rights and Privacy Act of 1974 (FERPA) and University policy, no individual person possesses the inherent right to inspect my education records, including my immunization records, background check and drug test results. However, education records may be released with my written consent.

By signing this form, I,______________________give my permission for the Distance Degrees and Programs Office and Office of Experiential Programs at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences to provide a copy of my immunization records, background check, and drug test to the hospital or community pharmacy sites at which I will receive clinical training if necessary to comply with the requirements of the hospital or community pharmacy site.

I understand that this permission will allow the Distance Degrees and Programs Office and Office of Experiential Programs to release this information to the specified parties until I revoke this permission or am no longer enrolled in a program at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences.

______________________________ ______________________________

Signature Date