

Minnesota State University, Mankato

School of Nursing

Pre-Licensure Program

Permission Form

I give permission for Minnesota State University, Mankato, School of Nursing faculty, permission to share copies of my scholarly accomplishments (i.e. papers, thesis, clinical projects, nursing care plans, or presentation materials) with members of the nursing/university community as deemed necessary and appropriate.

I also give permission to share information that I have submitted to the School of Nursing regarding my health status, immunization/immunity, and other related documents to agencies that are sites for my clinical education.

This permission will be in effect for the duration of my nursing education.

Student Signature: _____

Date: _____

Print Name: _____