

WVU RUSH (Rural Undergraduate Shadowing in Healthcare) Release for FERPA Compliance

For a Confidential Selection and Evaluation Process: Determining student selection for shadowing Opportunities:

Please print:

Student Name: _____
Last First Middle

Address: _____ Cell Phone #: _____
Street

City State Zip

Student ID: Date of Birth: - -

By signing this release, I understand that (1) I have the right not to consent to the release or disclosure of my education records; (2) I have the right to inspect and review such records upon request; (3) ***this consent to release or disclose will expire upon the later of completion of the evaluation process or after I have completed the RUSH program and evaluation process.*** Any disclosure of information made by West Virginia University prior to the receipt of written revocation is not affected by revocation. I further understand that in order for WVU to release my education records, this release must be executed. Therefore, I, the undersigned, expressly authorize the WVU Institute for Community and Rural Health and the WVU Institute for Community and Rural Health RUSH (Rural Undergraduate Shadowing in Health) Committee to transmit information such as data that I have provided to the WVU Institute for Community and Rural Health and the WVU Institute for Community and Rural Health RUSH Committee, student records, standardized test scores, immunization records and training module results in support of my applications for the selection for rural observational shadowing opportunities. The information may be transmitted to any of the organizations listed on Attachment 1 to this Release.

I, the undersigned, have read and reviewed this Release, and expressly authorize the WVU offices identified above to release my education records as described above to the organizations identified on Attachment 1 to this Release.

Signature: _____ Date: _____

Print Name: _____

Attachment 1

WVU Institute for Community and Rural Health
Robert C. Byrd Health Sciences Center
PO Box 9009
Morgantown, WV 26506
304-293-1435

Minnie Hamilton Health Care Center, Inc.
186 Hospital Drive
Grantsville, WV 26147
304-354-9244

Wellspring Family Medicine, PC
31452 Veterans Memorial Highway
Terra Alta, WV 26764
Attn: Office Manager
304-789-1029

Tug River Health Association, Inc.
5883 Black Diamond Highway
P.O. Box 506
Gary, WV 24836
304-448-2101