

**Purdue University School of Nursing**

**Substance Abuse Policy, Social Media Policy, Professional Behaviors Policy and CNES Student Policy and Procedures Acknowledgment and Consent**

By signing below, I (print name) \_\_\_\_\_, \_\_\_\_\_  
First name Middle name Last name P.U. ID #

acknowledge that:

- (1) I have received a copy of the Purdue University School of Nursing Substance Abuse Policy and I agree to adhere to all stipulations outlined in the policy.
- (2) I have received a copy of the Purdue University School of Nursing Social Media Policy and I agree to adhere to all stipulations outlined in the policy.
- (3) I have received a copy of the Purdue University School of Nursing Professional Behaviors Policy and I agree to adhere to all stipulations outlined in the policy.
- (4) I have received a copy of the Purdue University School of Nursing Center for Nursing Education and Simulation (CNES) Student Policies and Procedures and I agree to adhere to all stipulations outlined in the policy.

\_\_\_\_\_  
Student's Signature or Parent's signature if student is a minor Date

\_\_\_\_\_  
Printed Name

**Student Social Security Number, & Purdue ID Number Release Authorization**

I, \_\_\_\_\_ (print full name clearly), give permission to the Purdue University School of Nursing to release my Social Security Number, and/or Purdue University ID number to clinical facilities as required for electronic health record access during my time as a nursing student at Purdue University and to state boards of nursing on verification of graduation forms required to apply for licensure as a registered nurse.

\_\_\_\_\_  
Student's Signature or Parent's signature if student is a minor Date

\_\_\_\_\_  
Printed Name Social Security # of Student (required)

**Witnessed by:**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name