

**Young Scientist Program**  
**Young Gero Nurse Clinician Program**  
**Young Pediatric Nurse Clinician Program**  
**Young Community Nurse Clinician Program**  
**Young Nurse Educator's Program**

**Release of Information:**

I hereby give the Office of Student Services permission to release to Young Scientist Program, Young Gero Nurse Clinician Program, Young Pediatric Nurse Clinician Program, Young Community Nurse Clinician Program, and Young Nurse Educator's Program personnel the information needed to determine my eligibility for the respective program.

This release is valid for as long as I am a student in the University of Iowa College of Nursing.

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Signature

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Date