



CONSENT TO RELEASE STUDENT INFORMATION
TO THE NORTH CAROLINA BOARD OF PHARMACY
FOR PHARMACY INTERN REGISTRATION AND
ACCURAL OF PRACTICAL EXPERIENCE HOURS

To: _____
[Name of pharmacy school]

I hereby consent to public disclosure of the following information and records: Information and records regarding my enrollment and academic status as a student (e.g., undergraduate or graduate, school or department in which enrolled, full-time or part-time, whether actively attending during a term, dates of attendance, and any changes in enrollment status).

I desire for my information and records listed above to be released to the employees of the North Carolina Board of Pharmacy, 6015 Farrington Road, Suite 201, Chapel Hill, North Carolina 27517. I further consent for representatives of the educational institution listed above to discuss my enrollment status with the employees of the North Carolina Board of Pharmacy.

The purpose of this consent is to allow me to become and remain registered as a pharmacy intern with the North Carolina Board of Pharmacy, in order to obtain practical experience hours so that I might later apply for licensure as a pharmacist with the North Carolina Board of Pharmacy and/or another board of pharmacy. This release is authorized by North Carolina General Statutes Section 90-85.14 and by 21 NCAC 46 .1503. I further understand and consent to the inclusion of any records in my registration file maintained by the North Carolina Board of Pharmacy. I understand that these records may become public records under Chapter 132 of the North Carolina General Statutes. I further understand and consent that they may be used by the Board in performing any of its statutory tasks, including but not limited to in any licensing or disciplinary proceeding related to me, any of my supervising pharmacists or other persons.

I understand that (1) I have the right not to consent to the release of my education records and information; (2) I have the right to receive a copy of such records upon request; and (3) this consent shall remain in effect until revoked by me, in writing, and until the revocation is delivered to the educational institution listed above, but that any such revocation shall not affect disclosures previously made by the institution prior to the receipt of any such written revocation.

NAME (print): _____

SIGNATURE: _____

STUDENT ID NUMBER: _____

DATE OF BIRTH: _____

DATE: _____