THE UNIVERSITY OF TEXAS AT EL PASO
COLLEGE OF NURSING

Practicum Compliance Release Form

(Requests are cleared in the order received)

Please provide the following information:

Name of Facility: _____

Facility contact name: _____

Facility contact tel #: _____

Facility contact e-mail: _____

Course Number/Course Title: _____

Program Coordinator: _____

Course Instructor: _____

Rotation dates: From:_____To: _____

Please enter student information below:

Student Full Name	Student ID	RN License #, State of License & Expiration

**Student ID number & RN License MUST be included in order for request to be completed

* *Below information must be filled out by the Clinical Compliance Coordinator**

Date of Request: _____ Date Sent: _____

Revision Request: _____ Revision Sent:_____