



Student Name: \_\_\_\_\_

ID: \_\_\_\_\_

## International University of Nursing Student NCLEX Authorization Form

34 CFR 600 of the Code of Federal Regulations was established to ensure that federal financial aid is used for its intended purpose and that eligible institutions maintain the required level of academic quality and services.

Foreign nursing schools must obtain all results of the NCLEX-RN achieved by students and graduates who are U.S. citizens, nationals, or eligible permanent residents, together with the dates the student has taken the examination (including any failed examinations) and provide the results to the Department annually. As an alternative to obtaining the NCLEX-RN results individually, the school may obtain a report or reports from the National Council of State Boards of Nursing (NCSB), or an NCSB affiliate or NCSB contractor, reflecting the percentage of the school's students and graduates taking the NCLEX-RN in the preceding year who passed the examination, or the data from which the percentage could be derived, and provide the report to the Department. Further the Department requires the school to obtain any necessary consent forms from its students and graduates to obtain this information.

*\*Title IV Aid includes: Direct Stafford Loans and PLUS loans*

**Please read the definition carefully and provide your signature below each item you wish to authorize.**

### **STUDENT AND GRADUATE PROMISE TO SUBMIT ALL NCLEX RESULTS TO SCHOOL AUTHORIZATION FOR SCHOOL TO OBTAIN RESULTS FROM STATE BOARDS OF NURSING**

Definition: 34 CFR 600.157 specifically states that foreign nursing schools must submit the results of its US students or graduates attempts at the NCLEX exam on an annual basis. The school must obtain any necessary permissions or consents from its students and graduates.

*Signing the following statement and authorization(s) gives the International University of Nursing the written authorization that is needed to research and collect NCLEX-RN data from you the student/graduate of IUON and or from NCSB, or an NCSB affiliate or contractor. This information is to be used only for the purposes of submission to the Department and public statements of the institutions overall pass rate on NCLEX(RN). It will not (without separate authorization for you, be used for certification or presentation of any individuals' scores.*

I (student/graduate) will submit to IUON written proof of all my attempts at the NCLEX exam which includes the State in which exam was taken, date exam was taken, pass or fail result of the exam. I (student/graduate) also hereby authorize International University of Nursing to collect either from me directly or from NCSB, or an NCSB affiliate or contractor information about my NCLEX exam including the State in which exam was taken, date exam was taken, pass or fail result of the exam.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to:  
Fax: 212-947-8592  
Scan Email: ASKFinAid@iuon.org

IUON - NCLEX  
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New York, NY 10001