

**INSERT NAME OF PA PROGRAM** is collecting student data for inclusion in a student database for use in educational research and program improvement. The Physician Assistant Education Association (PAEA) will only release your data to **INSERT NAME OF PA PROGRAM** with your written consent. You have the right to withhold consent without penalty. If you do not consent, PAEA will never release your identified data to any parties and will store your data according to the standard confidentiality and privacy protections outlined previously.

In order for this data to be released to **INSERT PA PROGRAM NAME**, I understand that my first and last name will be supplied to the **INSERT NAME OF PA PROGRAM** but will be removed from the PAEA database once the response rate is determined and any duplicate entries removed. **INSERT NAME OF PA PROGRAM** will protect this information using the standards and protections detailed in their IRB agreement with their home institution, and may not share my data with any external individuals or parties.

By checking the button below, I acknowledge that I have read the preceding information and freely give permission for PAEA to share the information that I provide in this Matriculating Student Survey with the **INSERT NAME OF PA PROGRAM** for inclusion in a student database.

- I have read and understood this disclosure and **agree** to release my data to **INSERT NAME OF PA PROGRAM** for inclusion in a student database.
- I have read and understood this disclosure and **choose NOT** to release my data to **INSERT NAME OF PA PROGRAM** for inclusion in a student database.