

Release of Information



I consent that Indian Hills Community College may release the following to health care facilities for potential employment evaluation purposes:

- | | | |
|-----------------------|------------------------------|-----------------------------|
| Attendance Record | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Grade Point Average | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Instructor Evaluation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I consent that Indian Hills Community College may release the following to employment recruiters:

- | | | |
|---------------|------------------------------|-----------------------------|
| Name | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Home Address | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Email Address | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Phone Number | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I consent that Indian Hills Community College may release the following to clinical sites for the purpose of completion of a background check:

- | | | |
|---------------------------|------------------------------|-----------------------------|
| Name (current & previous) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Home Address | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Social Security Number | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Date of Birth | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I consent that Indian Hills community College may request information regarding my job performance from employers and consumers for program assessment purposes.

- Yes No

Name: _____

Signature: _____ Date: _____