Release of Information

INDIAN HILLS COMMUNITY COLLEGE
Life. Changing.

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

Attendance Record	☐ Yes	☐ No
Grade Point Average	☐ Yes	☐ No
Instructor Evaluation	☐ Yes	☐ No
ViewPoint Forms	☐ Yes	☐ No

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

Name	☐ Yes	☐ No
Home Address	☐ Yes	☐ No
Email Address	☐ Yes	☐ No
Phone Number	☐ Yes	☐ 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)	☐ Yes	☐ No
Home Address	☐ Yes	☐ No
Social Security Number	☐ Yes	☐ No
Date of Birth	☐ Yes	☐ No
ViewPoint Forms	☐ Yes	☐ 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: _____