

# 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: \_\_\_\_\_