

ST. LUKE'S COLLEGE
Sioux City, Iowa

AUTHORIZATION FOR THE RELEASE OF
CONFIDENTIAL STUDENT RECORD INFORMATION

I, _____, give permission to release the following copies of information, in either written or verbal form, to _____.
Relationship to student: _____.

YES	NO	RECORD INFORMATION
		Application
		Billing Information
		Clinical Evaluation Forms
		Enrollment Verification Report Form
		Health Records
		Learning Needs/Psychological Testing Assessments
		Letter of Student Status
		Midterm Progress Report
		Registration Information
		Semester Grade Reports
		St. Luke's College Transcripts (unofficial)
		Standardized Assessment Tests Results
		Waiver of Liability and Consent Forms
		Other (specify):
		Other (specify):

Dates from _____ to _____.

I understand that my records are protected under the Family Educational Rights and Privacy Act of 1974 and cannot be disclosed without my written consent unless otherwise provided for in the Act. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. This authorization (unless expressly revoked earlier) expires upon _____.

Signature of Student (applicant, former student, or graduate)

Date

Signature of Witness

Date