

JOHN A. LOGAN COLLEGE

CONSENT TO USE AND DISCLOSE STUDENT RECORDS AND/OR INFORMATION

Student Name: _____

Student ID #: _____

IDENTITY OF DISCLOSURE:

__I give consent to the person(s) and/or organization(s) identified below to disclose records and/or information to John A. Logan College for its use in implementing my educational program and/or related employment goals.

Name

Address

Name

Address

___Any Educational Institution

PURPOSE OF DISCLOSURE

The purpose of disclosing the information specified about is (check all that apply)

___To provide records and/or other information to the designated person(s) or organization(s) regarding the Student's educational program and/or employment goals for use by the person(s) or organization(s).

___ To assist John A. Logan College in implementing Student's education program and/or employment goals.

___A review of medical, psychological or other information of Student regarding or relating to Student's request for a reasonable accommodation/modification or auxiliary aid/service to a John A. Logan College program or activity.

___To assist John A. Logan College coaches in answering recruiting questions from other educational institutions interested in recruiting Student as an athlete following Student's graduation.

___Other (specify)

SCOPE OF CONSENT

I hereby authorize the release of information indicated below to those entities name on this document:

___Advising Information

___Attendance

___Business Office Information (e.g. fee statement)

___Course Schedules

___Disciplinary or Personal Conduct Actions

___Criminal Background Information

___Financial Aid Information

___Grades

___Individual Education/Employment Plans

___Injury/Incident Reports

___Online Account Access

___Placement/Test Scores

___Progress Information

___Transcript

RIGHT TO INSPECT, COPY, REFUSE CONSENT

I understand that pursuant to this Consent, I have the right to inspect the records released by John A. Logan College and to copy such records. I also understand that I may refuse to sign this Consent and that my refusal to sign will not affect my educational rights or eligibility for benefits offered or provided by John A. Logan College. I further understand that my refusal to consent to the release of records and/or information specified in the Consent will prevent disclosure of such information. I further understand that such refusal may result in depriving John A. Logan College of information that would assist it in

implementation of my educational program and/or employment goals, or depriving the third-party person(s) or organization(s) identified in this Consent of information.

NONDISCLOSURE:

I understand that records and/or information which is (are) released to John A. Logan College pursuant to this Consent, will not be disclosed to third-parties, except as otherwise provided by law or court order or unless I provide a subsequent valid written Consent. I further understand that If the person or organization to whom individually identifiable health information is disclosed is not a health plan or health care provider, or if the information does not relate to a federally funded substance abuse program, the information may no longer be protected by federal privacy law and regulations after disclosure. In such a case, the information may be disclosed by the recipient to others for other purposes.

REVOCACTION:

I understand that I have the right to revoke this Consent at anytime. I further understand that any revocation shall be made in writing, signed by me and the signature witnessed by an individual who can attest to my identity. No written revocation of consent shall be effective until received by the person(s) authorized to make disclosure of records and information pursuant to this Consent. Any such revocation shall have no effect on disclosures made prior to my revocation. Revocation should be made to the Office of the Director of Registrar Services.

UNDERSTANDING VOLUNTARY CONSENT:

I have read and understood this Consent and hereby voluntary consent to the release and exchange of information as set forth in this Consent. I further understand that this Consent is valid and in effect indefinitely unless otherwise revoked by me per the procedure outlined above.

Student Signature

Date

Witness