



Spokane Community College FERPA RELEASE

Name of student _____

Student identification number ____ - ____ - ____ - ____

Address _____

I, the undersigned, hereby authorize Spokane Community College to release the following educational records and information (identify types of records/information):

Clinical / non-clinical Student Audit Forms

to: **MultiCare Health Systems Student Placement Office**

for the purpose of: **Fulfilling random audit requirements**

for the duration of (up to the end of the current academic year): **Fall 20__ – Spring 20__**

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to inspect such records upon request.

Student's signature

Date

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

Return signed copy to:

Westside ICT Program Coordinator
PO Box 5299
MS 315-O4-ICT
315 Martin Luther King Jr. Way
Tacoma, WA 98415



Spokane Community College

FERPA RELEASE

Name of student _____

Student identification number ____ - ____ - ____ - ____ - ____

Address _____

I, the undersigned, hereby authorize Spokane Community College to release the following educational records and information (identify types of records/information):

Westside ICT Program Application Packet

to: hospitals participating in the student sponsorship program

for the purpose of: determining possible sponsorship

for the duration of (up to the end of the current academic year): Fall 20__ – Spring 20__

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Student's signature

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