

Lake Superior College

2101 Trinity Road
Duluth, MN 55811
(218) 733-7600 or (800) 432-2884

Health Occupations Programs - Release of Information Authorization

I, _____, hereby authorize the following Lake Superior College Physical Therapist Assistant Program core faculty members:

Linda Farrell (yes ___ no ___) Brenda Martin (yes ___ no ___) Jane Worley (yes ___ no ___) to release information regarding my performance during the PTA Program to the following: (check below)

___ any potential employer **OR**

___ only the following employers _____

___ organizations from which I am seeking a scholarship

Note to students: You can expect that information released will include comments on the following qualities unless you specify otherwise.

Academic Information: grades, quality of work, classroom performance

Information about Technical Skills: clinical performance, lab skills, efficiency

Behaviors: Attendance, punctuality, interpersonal skills, communication skills, time management, use of constructive feedback, problem-solving, professionalism, responsibility, critical thinking, stress management

CHECK ONE:

___ **Information on all of the qualities listed above may be released**

___ **Do not release information about** _____

This form allows the above-mentioned instructor(s) to release information for a period of (check one) ___ **one** ___ **two** ___ **three** years from the date below.

Signature of student _____ Date _____

Printed name of student _____ LSC ID number _____