

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL STUDENT FILE INFORMATION

1. I am a current or former student of Lake Land College Medical Assistant Program.

Full Name: _____

Program: Medical Assisting Program

2. I understand that information contained in my student file with the College may be confidential under state law. By signing this authorization form, I give my consent and authorize the College, and any of its agents, employees or representatives, to release my confidential student file information regarding me to the following individual or entity, as my authorized agent:

Name/Title: Sarah Bush Lincoln Health Center

Address: 1000 Health Center Dr. Mattoon, Illinois 61938

Telephone: 217-258-2525

Facsimile: 217-258-4011 or any Sarah Bush confidential fax numbers

Email address: Tracey McCord TMcCord@sblhs.org or any Sarah Bush employee pertaining to the progression of the medical assisting program.

3. I understand that once these confidential records and information are released, they may no longer be confidential and may be subject to re-disclosure by a recipient of such records and information. The College, its agents, employees and representatives are released and discharged of any liability arising from further disclosure of these documents, and I will hold the same harmless for releasing such records and information.

4. I understand that this consent shall remain in effect unless and until I deliver a signed revocation of this consent to the College. I understand that any such revocation will not apply to records and information that have already been released by the College pursuant to this consent.

5. I have read and understand the information in this form, the acknowledgements that I am making and the effect of this consent.

This _____ day of _____, 20____.

Signature: _____

Witness: _____

Eastern Region Center
224 South Sixth St.
Marshall, Illinois 62441
217-826-8490

**The Kluthe Center for Higher
Education and Technology**
1204 Network Center Blvd.
Effingham, Illinois 62401
217-540-3555

Lake Land College
5001 Lake Land Blvd.
Mattoon, Illinois 61938
217-234-5253
lakelandcollege.edu

Western Region Center
600 East First St.
Pana, Illinois 62557
217-562-5000

**Workforce
Development Center**
305 Richmond Ave. East
Mattoon, Illinois 61938
217-235-2222