



STUDENT RECORD RELEASE FORM

INSTRUCTIONS

Saint James School of Medicine must have a signed acknowledgement from the student before educational/financial information can be released to a third party (i.e., parent, spouse, etc.).

- Student record release can be granted at any point during the program.
- Student record release can be revoked by the student at any time.

SEND COMPLETED FORM TO: • Via Student Portal • Via Email: records@mail.sjism.org

TO BE FILLED OUT BY STUDENT

Campus: Anguilla St. Vincent Student ID#: _____ Phone: _____

Name: _____ Email: _____

THIRD PARTY

*Name: _____ Email: _____

Company Name (if applicable): _____ Phone: _____

Address: _____

RELEASE AUTHORIZATION

Check One: Release Information STOP Releasing Information

Release: ONLY Academic Records ONLY Financial Records ALL Records Other: _____

I hereby authorize Saint James School of Medicine to release or stop releasing the specified information regarding my records to the third party named above. Please note that the third party must know my student ID number or date of birth when contacting the school.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Registrar Signature: _____ Date: _____