**John Marshall Law School Micronesian Externship Program**

**Consent for the Release of Information**

Student Name: _____

If you have not supplied John Marshall Law School with a copy of your current passport, you must do so immediately. Contact the Director with questions.

**Consent for the Release of Information**

For the period during which I am abroad participating in the Micronesian Externship Program, I consent for John Marshall Law School, LLC to release to my parent(s) or guardian(s), or, if I am married, to my spouse, (sign your initials at any/all statements to which you agree):

_____ any and all information directly or indirectly related to my health, safety, or well being that it becomes aware of;

_____ any and all information directly or indirectly related to my academic record, grades, and/or registration;

_____ any and all information directly or indirectly related to the financing of my education, i.e., bursar bill, financial aid, and program fees;

I acknowledge and agree that John Marshall Law School is not required by virtue of my consent to release any information concerning me to any person but rather is permitted to release such information that it determines, in its reasonable discretion, is appropriate under the circumstances.

Name: _____

Nature of Relationship to you: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

I understand that this consent may only be revoked in a writing signed by me and received by the Director of the Micronesian Externship Program.

**John Marshall Law School Micronesian Externship Program**

**Emergency Contact Information**

In addition, I authorize John Marshall Law School to contact the above person in the event of an emergency during my externship program. If the above person is not the same person to contact in case of emergency, please provide additional emergency contact information:

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By signing below, I acknowledge that I have **read** and **understood** this Consent as it relates to me.

_____ _____

Student Signature Date

_____

Print Name