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.

Page 1 of 2

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:

•	at I have read and understood this Consent as	i
relates to me.		
Student Signature	Date	
Print Name		