

RELEASE OF HOME CONTACT INFORMATION

The release of students' home contact information is required by the Director of Clinical Programs in the process of procuring external practicum placements. This information will only be shared with the external practicum supervisor (and in some cases, the practicum coordinator) at your arranged practicum site. In the placement of school practica, this information will also be given to the school district personnel concerned with clinical practicum placement (i.e., the school principal and/or school district contact person).

Some or all of the following information will be shared with the above specified individuals:

- student's name
- home address
- home phone number
- colleges attended

By signing this form:

- I authorize the Director of Clinical Programs of the Department of Speech-Language-Hearing Sciences to release my contact information to the above individuals directly concerned with my external clinical practicum placement.
- I understand that this specific release of information is separate from any restrictions I may have placed regarding the release of information in accordance with the guidelines established by The Federal Family Educational Rights and Privacy Act (FERPA) and the Minnesota Government Data Practices Act.

I agree to the release of my home contact information as specified above.

I do not agree to the release of my home contact information.

Signature of student

Date

*Student – **PRINT** YOUR NAME HERE*

This release form will ONLY be used for external practicum placement purposes.