

**SALT LAKE COMMUNITY COLLEGE**  
**Study Abroad Program**  
**Release of Information**

Program Name:

Program Destination Institution:

Program Destination Country:

Date Program Departs Salt Lake City:

Date Program Returns Salt Lake City:

Original *Statement of Responsibility and Assumption of Risk* Document On File      Yes \_\_\_\_\_      No \_\_\_\_\_

As a participant in the SLCC study abroad program identified above, I give my permission for the following persons to have access to records and information retained by the SLCC Study Abroad Office in conjunction with the above study abroad program. These records include but are not limited to health and safety records and information, application materials, travel, lodging and flight information.

Please note that after \_\_\_\_\_, the SLCC Study Abroad Office will no longer discuss your study abroad information with the individuals listed below.

Name:

Relationship to student:

Contact Information: (Home, Cell, Work phone; e-mail address)

Name:

Relationship to student:

Contact Information: (Home, Cell, Work phone; e-mail address)

Name:

Relationship to student:

Contact Information: (Home, Cell, Work phone; e-mail address)

Signature of Student & Date