



**WHEATON COLLEGE/STURDY MEMORIAL HOSPITAL  
PERMISSION FOR RELEASE OF INFORMATION**

*Complete and return by January 11, 2012*

In the event I am hospitalized, transferred, or released, I permit Sturdy Memorial Hospital emergency medical staff and/or crisis counselors to inform the Wheaton College Public Safety Department, the On-Call Area Coordinator, the On-Call Dean, the College Psychologist and/or the Director of Student Health Services of my status.

The Wheaton College staff authorized to request and receive such information are:

Wheaton College Public Safety Department  
Area Coordinator On-Call  
Dean On-Call  
Martha Lamb, College Psychologist  
Craig Andrade, Director of Student Health Services

This release in no way pertains to the use and disclosure of confidential medical and protected health information generated through care and treatment received at Sturdy Memorial Hospital.

As a student at Wheaton College, I, \_\_\_\_\_, give permission for Sturdy Hospital Emergency Room staff to notify Wheaton College of my whereabouts.

This authorization will remain in effect as long as I remain enrolled at Wheaton College.

Signature \_\_\_\_\_ Date \_\_\_\_\_