

**CONSENT TO RELEASE OF ACADEMIC RECORDS, FINANCIAL AID RECORDS AND
AUTHORIZATION FOR CREDIT CHECK**

PERMISSION TO DISCLOSE FINANCIAL AID RECORDS

It is the policy of Saint James School of Medicine ("SJSM") to withhold disclosure of personally identifiable information from educational records or financial information unless the student has consented to disclosure or disclosure is otherwise permitted.

By signing this form, you give representatives from SJSM or Delta Financial Solutions, Inc. ("Delta") permission to disclose the details of your educational records and your financial aid records to third parties. This consent will remain in effect throughout the time that you are a student at SJMS, unless revoked in writing.

CREDIT REPORT AUTHORIZATION AND RELEASE

Authorization is hereby granted to SJSM and Delta to obtain a standard factual data credit report through a credit reporting agency chosen by SJSM and/or Delta.

By signing this form, you authorize the release to the credit reporting agency of a copy of my loan application and authorize the credit reporting agency to obtain information about your employment, savings accounts and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, etc.). Authorization is further granted the credit reporting agency to use a photostatic reproduction of this authorization to obtain any information regarding the above mentioned information.

The undersigned hereby holds SJSM, Delta and any credit reporting agency harmless for any action taken in this regard.

Any reproduction of this credit report authorization and release made by reliable means (i.e., photocopy, scanning or facsimile) is considered an original.

Please complete the information below and sign. If you wish to consent to only one or more of the above-referenced paragraphs, please strike out such paragraph prior to signing

Student's Name _____ SSN# _____

Signature _____ Date _____

Cosigner's Name _____ SSN# _____

Signature _____ Date _____