



**COLUMBIA COLLEGE &
FU FOUNDATION SCHOOL OF ENGINEERING AND APPLIED SCIENCE**

**CLEARANCE FORM FOR VOLUNTEER WORK AT
ST. LUKE'S-ROOSEVELT HOSPITAL CENTER**

I _____ (applicant's name) authorize the **Office of Judicial Affairs** to release my disciplinary records regarding incidents that resulted in a university sanction of probation, suspension or dismissal to the Center for Student Advising. I also authorize the Center for Student Advising to complete this form which will be provided to St. Luke's Roosevelt Hospital Volunteer Department.

Uni _____ Graduation Year _____ Phone _____

This student is in good academic standing at Columbia College/SEAS. Yes _____ No _____
If no, explain: _____

This student has been found guilty in a disciplinary matter. Yes _____ No _____
If yes, explain: _____

This student's personal file indicates health problems. Yes _____ No _____
If yes, explain: _____

MMR immunization printout attached. Yes _____ No _____
If no, explain: _____

Student Name _____ **Signature** _____ **Date** _____

Advisor Name _____ **Signature** _____ **Date** _____

Center for Student Advising
Alfred Lerner Hall, 4th Floor: 212-854-6378
Shapiro, 605 West 115th Street: 212-854-1870
103 Broadway Residence Hall: 212-854-8711