

**COLUMBIA COLLEGE
THE 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** _____

Adviser Name _____ **Signature** _____ **Date** _____

Center for Student Advising

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DIVISION OF STUDENT AFFAIRS
AT COLUMBIA UNIVERSITY