

SYRACUSE UNIVERSITY

College of Arts & Sciences

Advising & Career Services

Consent and Waiver

Name (Please Print) _____ SUID _____

Consent to Obtain Judicial and Academic Records

I, _____ (print name) authorize Advising and Academic Support to obtain my Judicial and Academic records at Syracuse University/SUNY Environmental Science and Forestry for information on any/all institutional action regarding me which occurred during my academic years at Syracuse University. This information includes, but is not limited to: academic record/transcript, letters of recommendation, personal information, and Advising and Academic Support file notes.

Consent to Release Information in Judicial and Academic Records

I provide authorization for Advising and Academic Support to release any and all such information to graduate and professional schools for the purposes of evaluating my application to their programs.

Waiver of Responsibility for Release of Information

I release Advising and Academic Support from any responsibility for the result(s) of the release of such information to graduate and professional schools to which I apply.

Waiver of Access to Letter Prepared by Advising and Academic Support

Current federal law provides that applicants may have access to material such as individual recommendations and the letter prepared on their behalf by Health Professions Advising or the Health Professions Advisory Committee. Applicants may choose, however, to waive this statutory right.

I understand that the signing of this form authorizes the release of a candid evaluation from Health Professions Advising to graduate and professional schools to which I apply.

Select one:

I **do** waive my right of access to the Committee/Credentials letter which the Advising and Academic Support office of Syracuse University will send on my behalf to graduate and professional schools.

I **do not** waive my right of access to the Committee/Credentials letter which the Advising and Academic Support office of Syracuse University will send on my behalf to graduate and professional schools.

Signature* _____ Date _____

**In typing your name in the Signature area, you are virtually signing the above document.*