

Authorization for Release of Information

Information contained in this application will be used to evaluate your suitability for study off-campus. It will be shared with program staff, faculty, or appropriate professionals only as pertinent to the off-campus program or the safety of related personnel or participants. By signing the certification below you also authorize the release of any information contained in your student records. You understand that this includes records related to academic performance, any judicial records you may have, and financial aid information related to payment of your study off-campus fees.

Academic and Disciplinary Action:

Have you ever been subject to disciplinary action by Clemson University, your current institution (if a non-Clemson student), or any other institutions which you previously attended? NO ; YES

If so, please explain: _____

Program participation information:

I also DO ; DO NOT authorize the release of information related to my study off-campus program to the Emergency Contact #1 and #2 listed above. This information may include, but is not limited to, application materials, travel, lodging and flight information, health and safety records, academic records, course transfer information, and financial aid records. Whether you do or do not authorize release of information to those individuals listed above, list below any additional or other individuals to whom you would authorize release of information.

1. Name: _____ Relationship: _____
Address: _____ Phone: _____ land/mobile/work/other
_____ Email address: _____

2. Name: _____ Relationship: _____
Address: _____ Phone: _____ land/mobile/work/other
_____ Email address: _____

Release of contact information to students:

I DO ; DO NOT give permission to release my name and/or email address to other or future study off-campus program participants.

Affirmation of Application

I affirm that all my statements on this application form are complete and accurate. If I am accepted by Clemson University to study off-campus, I agree to follow its rules and regulations, and to complete additional paperwork and supply additional information as necessary for carrying out the program.

I understand that student selection is based on a variety of factors and criteria and may differ across programs. The Office of Off-Campus Programs and/or the program director have the right to make the final decision regarding acceptance into the program.

I further understand that all Clemson University policies, rules, standards of conduct and instructions for student behavior apply while I am studying off-campus.

Name of Applicant (print): _____ CUID: _____

Signature of Applicant: _____ Date: _____