

# Syracuse University

## College of Arts & Sciences

## Advising and Career Services

### Consent and Waiver

Please print:

Name \_\_\_\_\_

SUID \_\_\_\_\_ Email \_\_\_\_\_

#### Consent to Obtain Judicial and Academic Records

I, \_\_\_\_\_ authorize the Office of Advising and Career Services 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/SUNY Environmental Science and Forestry. This information includes, but is not limited to, academic record/transcript, letters of recommendation, personal information, and the Office of Advising and Career Services file notes.

#### Consent to Release Information in Judicial and Academic Records

I provide authorization for the Office of Advising and Career Services 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 the Office of Advising and Career Services 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 Career Services

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 that the Office of Advising and Career Services 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 that the Office of Advising and Career Services 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.*