

Authorization to Release Information



- I hereby waive my right of access to the information in my file including but not limited to reference letters or forms and information obtained from faculty, staff and university offices and ask that it be used in determining my application to the DU Partner program, DU sponsored program, or unaffiliated program. I certify that all the information I have given is true and complete. I agree to release any and all records to the Office of International Education at the University of Denver, as well as to the host university or cooperating agencies, as necessary for my participation in the program.
- I hereby allow the University of Denver to release my transcript to the host institution or program to help determine my acceptance into the program.
- I hereby allow the host university/institution or agency to release my transcript to the DU Office of International Education along with any other information or interpretation regarding my academic work in order to facilitate the transfer of the courses back to the University of Denver.
- I hereby acknowledge that the DU Office of International Education may send my emergency contact study abroad acceptance information, and may contact my emergency contact with further information and communications as deemed appropriate.

I have read all points of information carefully and fully understand them.

Student Participant Signature

Date

Print Name

Student ID