

## **SCHOLARSHIP NOMINATION**

### **AUTHORIZATION FOR RELEASE OF STUDENT EDUCATION RECORDS AND WAIVER OF RIGHT TO REVIEW**

#### **Iowa State University of Science and Technology**

The purpose of this Authorization Form is for Iowa State University to have access to and the ability to disclose to the review committees any of my education records to consider my application for the award of or nomination for the merit-based scholarship, award or fellowship identified below. I understand that it is an honor and privilege to apply for Iowa State University's nomination for this scholarship/award competition. By my signature below, I acknowledge that both my personal reputation and the reputation of the university can benefit from the manner in which I represent myself and Iowa State University. I will do everything within my control to safeguard my good name and that of Iowa State University in this award competition.

**THEREFORE**, I, the undersigned student at Iowa State University, understand and agree that:

- 1) As required under the Family Educational Rights and Privacy Act (FERPA), I hereby give permission for my education records (including grade point average (GPA), transcripts, individual course grades, class rank) and the personal observations and knowledge about me and my performance at the university to be disclosed, used and discussed as a part of faculty and institutional endorsements and the applications for this scholarship/award competition.
- 2) I grant permission for Iowa State University to use my biographical information and image to publicize my nomination and/or receipt of this scholarship, award or fellowship.
- 3) I also consent to have a copy of my application and all supporting materials retained indefinitely by the University Honors Program and understand that it may be made available to future applicants as an example for them to review as they prepare their own applications.
- 4) I hereby give permission to the Iowa State University Dean of Students Office to release information to the Iowa State University Honors Program Assistant Director for Scholarship & Research any disciplinary records pertaining to academic honesty and conduct offense violations, and to provide contextual information as to the severity of these offenses. This information may be provided either in verbal or written form.

5) I understand further that:

- a. I have the right not to consent to the release of my education records , disciplinary records and other information disclosed pursuant to this Authorization;
- b. Except as may be provided by my waiver indicated below, I have a right to receive a copy upon request of any written information disclosed pursuant to this Authorization; and,
- c. This consent shall remain in effect until the end of the current academic year or until revoked by me in writing, delivered to the Iowa State University Honors Program Assistant Director of Scholarship & Research, but that such revocation shall not affect disclosures made prior to the individual's receipt of my written revocation.

**WAIVER OF RIGHT TO REVIEW MATERIALS:** I understand that under FERPA I have the right to review any letter of recommendation or nomination written about me unless I waive that right in writing

Please initial on the line below if you waive your right to review any recommendation issued pursuant to this request

\_\_\_\_\_ I hereby waive all rights t to review faculty and institutional letters of recommendation or endorsement which are written for the purpose of this scholarship/award competition pursuant to this Authorization. While copies of these letters may be provided to me by the authors, I understand this is done as a courtesy by the author and does not affect this waiver.

### STUDENT CERTIFICATION

**I CERTIFY THAT ALL OF THE INFORMATION INCLUDED IN MY APPLICATION FOR THIS SCHOLARSHIP/AWARD, INCLUDING LISTING OF ACTIVITIES AND AWARDS, RESEARCH UNDERTAKEN OR PLANNED, AND PERSONAL STATEMENT OR OTHER ESSAYS, ARE MY OWN WORK AND ARE TRUE, ACCURATE AND HONEST TO THE BEST OF MY KNOWLEDGE.**

NAME OF SCHOLARSHIP/AWARD: \_\_\_\_\_

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
ISU ID#

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date