**Nomination Permission & Waiver Form**

**Lafayette College**

**Fellowships Office**

*In order to assist you with your application process, the Fellowships Office may need to access your personal and academic information.  By signing below you will be giving the Fellowships Office permission to access this information as well as giving us permission to share your name and application information with appropriate faculty/staff and selection committee members as necessary.  In addition, you are granting permission for the Fellowships Office (a) to use your name and photo to publicize your achievements and (b) to retain copies of your application materials for future reference.*

I understand that it is both an honor and a privilege to be nominated by Lafayette College for the       competition.

By my signature below, I hereby [ ]  waive [ ]  do not waive my right to view faculty and institutional letters of recommendation which are written for the sole purpose of this award competition. While copies of these letters may be provided to me by the authors, I understand that this is only done as a courtesy by the author and in no way affects this waiver.

As required under the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), commonly known as FERPA, I hereby [ ]  give [ ]  do not give permission for my educational record to be used and discussed as part of the application for this award competition.

I also [ ]  give [ ]  do not give permission for the Fellowships Dean to use my application information to publicize (a) my nomination and (b) my selection as finalist or recipient of this award.

I also [ ]  consent [ ]  do not consent to having copies of my application and supporting materials retained by the Fellowships Dean with the understanding that these items may be made available to future applicants as they prepare their own applications and to campus selection committees as an example application. I do so with the understanding that these items may not leave the Dean’s office and that any identifying information (such as my name or ID number) will be removed.

I am aware that I may alter any portion of the above permission at any time.

 Signature Date

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| Print Name |  | Class Year |