

Section 1: Student Information

Name _____ Student ID Number _____

Section 2: Authorization to Release Information

I, _____, hereby authorize Indiana University employees to release information contained in my record as may be necessary for trainee award consideration sponsored by the Indiana University Bloomington Quantitative and Chemical Biology (QCB) Training Program regarding my academic progress; academic record; and graduate application at IU, to the parties identified in Section 3 below. I understand that this authorization will be for one-time use only for the purpose of trainee award selection by the Steering Committee.

Information to be released includes the following:

Performance - Honors and Awards

Grades - Current Transcript

Graduate Application

Section 3: Recipient of Information

PARTIES TO WHOM YOU ARE GRANTING ACCESS TO YOUR ACADEMIC RECORD.

QCB Training Program Steering Committee Members:
David Giedroc, QCB Training Program Director
Michael Van Nieuwenhze, QCB Training Program Associate Director
Kay Choi
Ken Mackie
Sidney Shaw
Heather Hundley

QCB Administrator:
Maria Sievers Perotti

Contact Information:
Department of Chemistry
800 East Kirkwood Avenue
Bloomington, IN 47405
phone: 812-855-0985

e-mail: sieversm@indiana.edu

Section 4: Consent &

I understand that in signing this form I am authorizing the release of my education records for the one-time use in consideration of a Quantitative and Chemical Biology Training Program trainee award.

Student Signature _____ **Date** _____