

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 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 Steering Committee Members:

David Giedroc, QCB Training Program Director
Nicola Pohl, QCB Training Program Co-Director
Bogdan Dragnea
Sidney Shaw
Claire Walczak
Adam Zlotnick

QCB Administrators:

Erin Edwards
Kristina McReynolds

Contact Information:

Department of Chemistry
800 East Kirkwood Avenue
Bloomington, IN 47405
phone: 812-855-9043
e-mail: chemgrnt@indiana.edu

Section 4: Consent & Signature

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** _____