



RICE 360° GLHT SUMMER INTERNSHIPS

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CONSENT TO RELEASE INFORMATION

I, _____, hereby authorize Rice University to release
Print Name CLEARLY
information, including information contained in my educational records (as defined by federal privacy laws), with program personnel involved in the administration of the Rice 360 Institute for Global Health Summer Internship Program. Any release is intended for the purpose of reviewing my application for the program. This consent shall remain in effect until revoked by me in writing and delivered to the Office of International Programs, or until such time as I graduate from Rice University.

Signature _____ Date _____

Printed Name _____ Rice ID #: _____

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.