

Washington State University — Distinguished Scholarships Program

Applicant Permission Form and Waiver

Name of Student _____

Student ID _____

I understand that it is an honor to apply for Washington State University's nomination or endorsement for a distinguished scholarship and to utilize the support provided by the Distinguished Scholarships Program (DSP). I will do everything within my control to safeguard my good name and that of WSU throughout the application and award process.

Accuracy of Information Provided (initial)

_____ All of the information I provide, including listings of activities and awards, research undertaken or planned, and personal statements or other essays, are accurate and honest to the best of my knowledge.

Publicity and Communications Permission (initial)

_____ Permission for Washington State University to use, without charge and without reservation, my biographical information and my likeness in any medium and for any lawful purpose, including promoting the institution and its programs and services.

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. I consent to the DSP releasing the following educational records for the purpose of securing a distinguished scholarship to any party for which disclosure is required to secure a distinguished scholarship:

Education Records to be Released (initial each line)

_____ Academic information: transcript, grades/grade point average (GPA), individual assignment grades, class schedule, enrollment status, academic progress, etc.

_____ Financial Aid information (when applicable): awards, eligibility, application data, etc.

_____ Records pertaining to academic honesty and conduct violations: records held by Washington State University's Office of Student Conduct, Division of Student Affairs, Registrar's Office or their designees, etc. This information may be given in either verbal or written form.

Waiver of FERPA Access to Educational Records (initial)

_____ I waive my rights under FERPA to inspect and review faculty and institutional evaluations, meeting notes, scholarship correspondence, letters of recommendation or endorsement, etc. that are related to my nomination or endorsement for a distinguished scholarship. I understand that my waiver is not a condition of my participation in the program.

The purpose of this release is for Washington State University to consider my application for the nomination or endorsement for a scholarship or fellowship or otherwise provide support through DSP. I understand further that: (a) I have the right to not consent to the release of my education records at WSU; (b) except as may be provided by this waiver, I have a right to receive a copy of any written information upon request; and (c) this consent shall remain in effect until revoked by me in writing, delivered to the DSP director, but that any such revocation shall not affect disclosures made prior to the director's receipt of my written revocation.

Student signature_____
Date

Division of

Academic Engagement
and Student Achievement

WASHINGTON STATE UNIVERSITY