

BOWDOIN COLLEGE

Permission Form and Waiver

By my signature below, I indicate my intention to seek a nationally competitive scholarship or fellowship. Pursuant to that objective and in accordance with the standards set by Bowdoin, I hereby 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 permission for my grade point average (GPA), transcripts, and individual course grades, to be used and discussed as part of faculty and institutional letters of recommendation and endorsements and the applications for this award competition. I also give permission for the Office of Student Fellowships and Research to request official copies of my transcript(s) as part of the application process. It is my understanding that this official transcript may be sent to the fellowship foundation on my behalf.

In addition, I grant permission for Bowdoin to use my biographical information and photograph to publicize my nomination for a national award and my receipt of such an award, should I be fortunate enough to be selected. I also consent to having a copy of my application and supporting materials retained in the Office of Student Fellowships and Research and understand that it may be made available to future applicants as an example for them to review as they prepare their own applications.

By signing below, I also hereby certify that I have no Honor Code convictions or pending investigations and all of the information I include in my application for this award, including listings of activities and awards, research undertaken or planned, and personal statements or other essays, are my own work and are accurate and honest to the best of my knowledge.

Signature

Date

Print Name

Cell Phone Number
(Important)

Witnessed by:

Date

Print Name

STUDENT FELLOWSHIPS AND RESEARCH

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