

Institute for Study Abroad

1100 West 42nd Street, Suite 305

Indianapolis, IN 46208-3345 USA

Telephone: 800-858-0229 or 317-940-9336 Fax: 317-940-9704 www.ifsa-butler.org

Agreements and Releases**Agreements**

I hereby authorize the Institute for Study Abroad, Butler University ("IFSA-Butler"), to reproduce my completed Application Form, Program Approval Form, Recommendation Form and any other references in support of this application and release them to cooperating institutions abroad, their personnel and IFSA-Butler staff.

I have read the descriptions of the programs for which I am applying and accept the program arrangements as offered.

I certify that the statements I have made on this Application Form are correct and agree to notify the Institute for Study Abroad if I should fail to remain in good standing at my Home Institution or suffer a change in circumstances that might compromise my success in studying abroad.

I understand that my acceptance of a program place will subject me to the published rules and regulations of the Institute for Study Abroad and my Host Institution with regard to both personal and academic performance. I understand that failure to comply with these rules and regulations may result in my dismissal from the program and/or loss of academic credit with no refund of the program fee.

I authorize the Host Institution abroad to furnish IFSA-Butler, both in the country of the Host Institution and in the United States, with any of my academic and personal information that IFSA-Butler determines, in its sole discretion, is required for the administration of the Program.

I authorize IFSA-Butler offices and personnel in the country of the Host Institution to share my academic and personal information with IFSA-Butler offices and personnel in the United States and other countries, to the extent IFSA-Butler determines, in its sole discretion, is required for the administration of the program.

I authorize the appropriate official(s) of my Host Institution(s) abroad to forward official transcripts or grade reports of work completed abroad to the Butler University Registrar, and I authorize the Butler University Registrar to forward an official transcript for this work to the appropriate official(s) at my Home Institution as listed on my Program Approval Form.

Applicant's Signature (required) _____ Date _____

Consent to Disclosure of Education Records to Home Institution and Governmental Agencies

I hereby authorize and direct the Institute for Study Abroad, Butler University ("IFSA-Butler") to disclose my education records and other records as described below and/or the information contained therein to my Home Institution and to all appropriate U.S. and foreign governmental agencies. The purposes of this disclosure are for IFSA-Butler to keep my Home Institution advised of my progress and participation in the study abroad program in which I am participating and to permit IFSA-Butler to provide information as requested or required by U.S. and foreign governmental agencies.

The records and information I authorize and direct to be disclosed by IFSA-Butler are:

1. My academic transcript or other information relating to my academic performance and progress;
2. Records showing the activities in which I am or have been involved while participating in a study abroad program;
3. Records reflecting disciplinary or misconduct proceedings and/or sanctions taken against me or reflecting incidents of misconduct by me that did not result in disciplinary proceedings or action arising out of my participation in a study abroad program;
4. Records reflecting any medical or other emergency situations in which I may become involved while participating in a study abroad program; and
5. Records reflecting my payments to IFSA-Butler and the status of any accounts due and owed by me to IFSA-Butler.

I understand that by signing this consent I am waiving certain rights granted to me by the Family Educational Rights and Privacy Act, 20 USC Section 1232g, and I waive those rights voluntarily by signing this consent. I further understand that I have the right to revoke this consent at any time by notifying IFSA-Butler of my revocation of this consent. To ensure proper notification of revocation of this consent, I understand that I should submit my request in writing to IFSA-Butler.

Printed Name _____ Home Institution _____

Signature _____ Date _____

Authorization to Release Information

I hereby waive my right of access to the academic information included in this application, including the Academic Recommendation form, and ask that it be completed and forwarded to the Institute for Study Abroad, Butler University.

Signature _____ Date _____

First Choice Program _____