

University of Alabama at Birmingham Nomination Consent, Release and Waiver

- 1) I understand that it is an honor and privilege to apply for the University of Alabama at Birmingham's Bridging the Gap for Physical Therapy Students Sponsored Scholarship. By my signature below, I acknowledge that both my personal reputation and the reputation of the University can be positively or negatively impacted based on the manner in which I represent myself and the University of Alabama at Birmingham (UAB). **I will do everything within my control to safeguard my good name and that of UAB throughout this award competition.**
- 2) I hereby **waive any right to view faculty and institutional letters of recommendation or endorsement that are written for the purpose of this award competition.** While copies of these letters may be provided to me by the authors, I understand this is done as a courtesy by the author and does not affect this waiver.
- 3) As required under the Family Educational Rights and Privacy Act, commonly known as FERPA, I hereby **give permission for my grade point average (GPA), transcripts, individual course grades and other information to be used and discussed as a part of faculty and institutional letters of recommendation and endorsements and the applications for this award competition.**
- 4) I grant permission for UAB to use my biographical information **to publicize my nomination and/or receipt of this scholarship or fellowship.** I also **consent to have a copy of my application and all supporting materials retained indefinitely** by the UAB Department of Physical Therapy or its successor and understand that it may be made available to future UAB applicants or UAB personnel as an example for them to review as they prepare their own applications.
- 5) I attest that 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.
- 6) I certify that I will **disclose any academic integrity findings of responsibility or pending investigations or behavioral violations** to the UAB Department of Physical Therapy prior to seeking nomination for any award.

The purpose of this Consent, Release and Waiver is for UAB to consider my application for the nomination of an award, recognition, scholarship or fellowship. This Consent, Release and Waiver shall remain in effect until the end of the current academic year or until revoked by me in writing, delivered to the UAB Department of Physical Therapy, but that any such revocation shall be prospective in nature and not apply to disclosures, documents or information made or collected prior to the individual's receipt of my written revocation.

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| Student signature | Date |
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| Student name (printed legibly) | Date of birth |
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