

AUTHORIZATION FOR RELEASE OF ACADEMIC/EDUCATION RECORDS

Student Education/Academic records are confidential records and are protected by the Federal Educational Rights & Privacy Act (FERPA), 20 U.S.C.1232(g), regulations 34 CFR part 99. Education records cannot be released to third party without your (the students) written authorization.

TO: Johns Hopkins University - Office of the Registrar
Address: c/o Advanced Academic Programs
3400 N. Charles St., Wyman Park Bldg., G-1
Baltimore, MD 21218

Please be advised that I,

_____ (printed students name)

DOB: _____; hereby authorize Johns Hopkins University to release my complete student records/education records/academic records to the following person/entity:

Name: National Cancer Institute
Center for Cancer Research

Address: Building 31, Room 4A48
31 Center Dr.
Bethesda, MD 20852

Relationship/Purpose: Application Review, Molecular Targets & Drug Discovery
Technologies Fellowship

Time Specific: Please honor this authorization as follows:

Authorization valid: _____ (Date) through _____ (Date)

I understand that if I would like this authorization to be honored only for a specific time period then I shall indicate such time period above, otherwise it is my understanding that this authorization will remain in effect until I submit a written request to cancel or revoke the authorization. I further understand that this authorization will become effective on the date signed below.

Students Signature _____ Date: _____