

TRACE Summer in Italy Program

APPLICATION FORM #2: Consent for Release and Emergency Contact Information

Instructions: Download this form, sign it by hand, upload it to application site.

The questions you will answer are related to releasing specific information to the contact person(s) you will also provide in this questionnaire. Please read over each consent for release question carefully. After filling out this questionnaire and signing the "Center for Ethics Consent for Release Agreement" signature document, you will be giving Center for Ethics authorization to release information to your contact in an event related to your health, safety, or well-being during your stay abroad, or for academic issues and/or financial issues.

PLEASE NOTE: you can either use the same contact name for all three areas (1. health, safety, well-being/ 2. academic record, grades, registration/ 3. finance) or enter in different contact names for each area.

1. Consent for health, safety, well-being

For the duration of the period during which you are abroad, in connection with your participation in an Emory University approved study abroad program, do you consent for the Center for Ethics to release any and all information (to the contact/s you will provide below) directly or indirectly related to your health, safety, or well-being that it becomes aware of? YES NO

2. Consent for finance

For the duration of the period during which you are abroad, in connection with your participation in an Emory University approved study abroad program, do you consent for the Center for Ethics to release any and all information (to the contact/s you will provide below) directly or indirectly related to the financing of your education? i.e., program costs, self-procured financial aid, and program fees. YES NO

3. Consent for academic performance during the program

For the duration of the period during which you are abroad, in connection with your participation in an Emory University approved study abroad program, do you consent for Center for Ethics to release any and all information (to the contact/s you will provide below) directly or indirectly related to your academic performance on this [Certificate in Ethics: Bioethics, Medicine & the Humanities](#), Summer in Italy program? YES NO

Applicant's Name: _____

Date: _____