

TRACE Summer in Italy Program

APPLICATION FORM #6: Consent for release agreement

Read carefully, hand sign, and upload this form to the application page.

I have completed the Center for Ethics Consent for Release and Emergency Contact Information questionnaire (Form #2 of this application).

I hereby authorize Emory University to contact the person(s) I entered in the Center for Ethics Consent for Release and Emergency Contact Information questionnaire in an event related to my health, safety, or well-being during my stay abroad, or for academic performance issues and/or financial issues.

I acknowledge and agree that Emory University is not required by virtue of my consent to release any information concerning me to any person, but rather is permitted to release such information that it determines, in its reasonable discretion, is necessary or appropriate under the circumstances.

I understand that this consent may only be revoked in writing, signed by me and received by the Center for Ethics.

By signing this document, I hereby acknowledge that I have read the above text carefully before signing, and I agree to all of the above.

Name: _____ **Date:** _____