



# STUDENT AUTHORIZATION



Complete this form when applying for the WSCC International Travel Scholarship.

I, \_\_\_\_\_ Authorize \_\_\_\_\_

Student's Full Name

Faculty Member Full Name

To provide all information requested in the Faculty Recommendation Form as part of my application for the Walters State Community College International Travel Scholarship.

Many applicants have found that a recommendation letter written in confidence has a greater impact than one to which the applicant also has access. If you waive your right to inspect the information requested in the Faculty Recommendation Form, please sign below.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_ WS Student ID# \_\_\_\_\_

Under US Federal law (Section 438 of Public Law 90-247, as amended), students are permitted access to certain education records. (Section 4389a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation.

Email completed form to Eileen Bowers: [Eileen.Bowers@ws.edu](mailto:Eileen.Bowers@ws.edu)