Rice University • NEWT-REU Summer Internship Program • Rice360@rice.edu

CONSENT TO RELEASE INFORMATION

I,	_, hereby	authorize	Rice	University	to
release	-			-	
Print Name CLEARLY information, including information contain	ned in my e	ducational	records	(as defined	l by
federal privacy laws), with program pers	onnel invol	lved in the	admin	istration of	the
NEWT-REU Summer Internship Progran	n, facilitate	d by the R	Rice 360	0° Institute	for
Global Health. Any release is intended for	the purpos	e of review	ing my	application	for
the program. This consent shall remain in	n effect unt	il revoked	by me	in writing	and
delivered to the Rice 360 Institute for Globa	ıl Health.				
Signature		Date			
Printed Name					
School:	Student ID	#:			

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