

**Instructions for the Student**

In planning study abroad, you must make arrangements for the transfer of credit you expect to earn. This form helps to facilitate that process and comply with the regulations of your home institution.

**Complete and sign this side of the form.** Then write your name and home institution on the other side of this form and give it to your study abroad advisor. (If your campus does not have a study abroad advisor, an academic dean, registrar or other campus official who has access to the necessary information may complete this form.) Ask him or her to complete and forward this form to our office.

You must sign the consent to disclosure statement below **and** on the Agreements and Releases page to ensure that your final program transcript is forwarded to your home institution.

**Authorization to Release Information**

I hereby waive my right of access to the information on this form and ask that it be completed and forwarded to the Institute for Study Abroad, Butler University.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student Information**

Name \_\_\_\_\_  
(first) (middle) (last)

Date of Birth \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Major \_\_\_\_\_

Class Standing When You Study Abroad (circle one) Soph Jr Sr

**Program Selection**

Indicate below the period of time you intend to study abroad.

**Argentina/Chile/  
Costa Rica/Peru**

Semester 1 (Feb–July)

Semester 2 (July–Dec)

Calendar year (Feb–Dec)

Academic year (July–July)

Summer (Argentina, Chile; June–July)

**Mexico**

Fall semester (Aug/Sep–Dec)

Spring semester (Jan/Feb–May/July)

Academic year (Aug/Sep–May/July)

Summer (June–July)

List your top program choices in order of preference. If necessary, refer to the list of programs on the Applications Instructions page. Your application most likely will be submitted to your first choice program only.

**First Choice** Program \_\_\_\_\_  
From (month/year) \_\_\_\_\_

**Alternate** Program \_\_\_\_\_  
From (month/year) \_\_\_\_\_

**Consent to Disclosure of Education Records**

I hereby authorize and direct my Home Institution (hereafter “Disclosing Institution”) to disclose to the Institute for Study Abroad, Butler University (“IFSA-Butler”) my education records as described below. I further authorize IFSA-Butler to disclose my education records as described below to any educational institution that may be involved in any program to which I am accepted. The purposes of this disclosure are for IFSA-Butler to determine whether I will be accepted as a participant in a study abroad program administered by IFSA-Butler, and for IFSA-Butler to provide such information to any educational institution that may be involved in any program to which I am accepted so that such institution may have the information necessary to address my educational needs and interests.

The records I authorize and direct to be disclosed by the Disclosing Institution to IFSA-Butler and by IFSA-Butler to the educational institution are:

1. My academic transcript,
2. Records showing the activities in which I am or have been involved while attending the Disclosing Institution, and
3. Records reflecting disciplinary or misconduct proceedings and/or sanctions taken against me by the Disclosing Institution.

I understand that by signing this consent I am waiving certain rights granted to me by the Family Educational Rights and Privacy Act, 20 USC Section 1232g, and I waive those rights voluntarily by signing this consent. I further understand that I have the right to revoke this consent at any time by notifying the Disclosing Institution and IFSA-Butler of my revocation of this consent. To ensure proper notification of revocation of this consent, I understand that I should submit my request in writing to the Disclosing Institution and IFSA-Butler.

Printed Name \_\_\_\_\_ Home Institution \_\_\_\_\_

Signature \_\_\_\_\_ Student Identification Number \_\_\_\_\_

Date \_\_\_\_\_