

Consent Form

Hamilton College Summer Internship Funding

All Hamilton students applying for summer internship funding must complete and sign this form in order for their application to be considered.

Name _____ Class year _____

Email _____ Phone _____

Are you currently off campus? _____

If yes, where? _____

What is the best way to contact you? _____

By signing below, you are granting permission to the Career Center staff and selection committee members to confidentially review your Hamilton academic and financial aid records and all other materials submitted as part of your *Summer Internship Funding* application.

I hereby grant permission to the staff of the Hamilton College Career Center, and to members of the selection committee, to access and review my Hamilton financial aid information and academic information including but not limited to my course grades, GPA and/or class rank.

STUDENT
SIGNATURE _____ DATE _____

Please sign & return to the Career Center.