



**INDIVIDUAL CONSENT FORM**

Student Name \_\_\_\_\_ ID \_\_\_\_\_

I authorize \_\_\_\_\_ (name of professor) to consult or inspect the following documents or materials as checked:

PLEASE CHECK EACH ITEM THAT CAN BE REVIEWED BY ANY FACULTY MEMBER

\_\_\_\_\_ I authorize her/him to consult or inspect my LAW SCHOOL TRANSCRIPT as held in the Registrar’s Office.

\_\_\_\_\_ I authorize her/him to consult or inspect any FACULTY LETTERS contained in my file, including those regarding substandard grades (if any) and those regarding other grades.

\_\_\_\_\_ I authorize her/him to consult or inspect my APPLICATION FOR ADMISSION to the Law School as held in the Registrar’s Office.

\_\_\_\_\_ I authorize her/him to consult or inspect my PERSONAL STATEMENT (submitted when I applied for admission) as held in the Registrar’s Office.

AND:

\_\_\_\_\_ I authorize her/him to disclose any information about my academic performance derived from her/his consultation or inspection of the documents checked above for purposes of my employment or further studies.

Signed \_\_\_\_\_ Date \_\_\_\_\_