



To Whom It May Concern:

As a condition of my participation in an educational training program and with respect thereto, I hereby waive my privacy rights, including but not limited to any rights pursuant to the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g(b)(2)(B), and grant my permission and authorize Dr. Lissa Pollacia, ITEC Internship Coordinator, to send my resume (as I have submitted to her) to any interested companies on my behalf as I am seeking an internship.

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Student Name (Print)

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Student ID Number

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Student Name (Signature)

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Start Date