

**Access to Academic Record
Form of Consent**

Western Undergraduate Summer Research Internships (USRI)

I, _____ give permission to the administrative personnel in the Department/Faculty of _____ at Western University to obtain a copy of my Academic Record*. This document will be used to determine my eligibility in compliance with the guidelines of the Western USRI program to which I have applied.

Student Number	
Student Signature	
Date (mm/dd/yyyy)	

*Note: Official transcripts are also acceptable, but not required.

The Academic Record must show marks through to **Dec. 31, 2023**.