

SALUKI UNPAID INTERNSHIP TRUST (SUIT) FUND

RELEASE OF INFORMATION

I, the undersigned, affirm that all information that I have provided is complete and accurate to the best of my knowledge. I further authorize the Career Development Center, to check and release academic and disciplinary standing information for the purpose of eligibility verification for the Saluki Unpaid Internship Trust (SUIT) Fund.

Student's Name: _____

Student's Signature: _____

Date: _____

SIU Dawg Tag #: _____