

Authorizations for Club-level and District-level Interviews

Applicant's Name

Applicant's Age

No	Yes	Parents or Guardians (if applicant is younger than 18 years old at time of interviews)
		ACADEMIC AUTHORIZATION
		I hereby authorize the Rotary Youth Exchange interviewers to view my son or daughter academic record in the application, including information about classes, coursework, exams, and grades.
		I hereby authorize the Rotary Youth Exchange interviewers to ask my son or daughter questions of an academic nature, including questions about classes, coursework, exams, and grades.
		I hereby authorize the Rotary Youth Exchange interviewers to discuss my son or daughter academic record with the other interviewers and with the Rotary Youth Exchange representatives.
		MEDICAL AUTHORIZATION
		I hereby authorize the Rotary Youth Exchange medical interviewers to view the medical section of my son or daughter's application.
		I hereby authorize the Rotary Youth Exchange medical interviewers to ask my son or daughter questions of a medical, dental, or psychological nature.
		I hereby authorize the Rotary Youth Exchange interviewers to discuss my son or daughter medical record with the other interviewers and with the Rotary Youth Exchange representatives.

Father's Signature Date

Mother's Signature Date

No	Yes	Student Applicant (if applicant is 18 years old or older at time of interviews)
		ACADEMIC AUTHORIZATION
		I hereby authorize the Rotary Youth Exchange interviewers to view my academic record in the application.
		I hereby authorize the Rotary Interviewers to ask me questions of an academic nature, including questions about classes, coursework, exams, and grades.
		I hereby authorize the Rotary Youth Exchange interviewers to discuss my academic record with the other interviewers and with the Rotary Youth Exchange representatives.
		MEDICAL AUTHORIZATION
		I hereby authorize the Rotary Youth Exchange medical interviewers to see the medical and dental sections of my application.
		I hereby authorize the Rotary Youth Exchange medical interviewers to ask me questions of a medical, dental, or psychological nature.
		I hereby authorize the Rotary Youth Exchange interviewers to discuss my medical record with the other interviewers and with the Rotary Youth Exchange representatives.

Student's Signature Date