



Name: _____

Country: _____

28. CURRENT MAILING ADDRESS:

Street _____

Apartment Number: _____

City: _____

State/Province: _____

Home Telephone: _____

Work Telephone: _____

E-mail: _____

Fax: _____

29. MARITAL STATUS: _____

30. A) NUMBER OF DEPENDENTS: _____

B) RELATIONSHIP (child, mother, father, spouse, etc.): _____

31. PLEASE DESCRIBE ANY PHYSICAL IMPAIRMENT YOU MAY HAVE. (This information is gathered for statistical purposes and to ensure appropriate placement. The Fulbright Program does not discriminate on the basis of race, color, religion, sex, national origin, and/or physical impairment.)

32. REFERENCES: List the names of persons from whom you have requested letters of reference.

Name	Position	Address
1.		
2.		
3.		

33. The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are also permitted to waive their right to access recommendations.

- I DO WAIVE my right to inspect the contents of the recommendation.
- I DO NOT WAIVE my right to inspect the contents of the recommendation.

34. AUTHORIZATION OF RELEASE OF INFORMATION:

I authorize the Fulbright Program Office or its administrative agency: Yes No

- 1) to receive and/or request my TOEFL, TSE, TWE or any other test score reports;
- 2) to send any of the above score reports to U.S. institutions on my behalf;
- 3) to use my photo image for purposes relevant to program display and promotion.

Signature

Date (Month/Day/Year)