



### **PSYCAS Release Statement**

I certify, as required in the PSYCAS application, that I have read and understand all application instructions, including the provisions that place responsibility for monitoring and ensuring the progress of my application process with me. I certify that all the information and statements I have provided as part of this application process, including those statements contained in the application and as part of the reference verification process, are current, accurate, truthful, and complete to the best of my knowledge. I understand that withholding information requested as part of the application process, or submitting false or misleading information, may be grounds for denial of admission by any participating PSYCAS program or expulsion from said program after admission, as well as termination of my current and/or future participation in the PSYCAS program itself.

In addition, I understand and agree that the American Psychological Association (APA), which operates PSYCAS, and its designee (Liaison International), will have access to my application information and I am giving permission to the APA and its designee to release any information related to my application to any programs or educational institutions to which I apply. I further understand and agree that programs or educational institutions have the ability to use PSYCAS to store and track information about their evaluation of my application through the point where I am accepted and attend a particular program or institution or that I am sent a letter denying my application. I understand that APA's designee, Liaison International, has access to information about me that programs or institutions input into PSYCAS solely to maintain and update the PSYCAS software and address and problems with the system. I also understand that certain educational institutions to which I apply may request that I provide my Social Security Number ("SSN") through the PSYCAS application, but I am not required to provide my SSN. To the extent that I provide the SSN through the PSYCAS application, I permit the applicable educational institutions and designated employees at Liaison International to have access to my SSN. I understand APA will not have access to my SSN but will have access to my other application information.

I understand and agree that in connection with my application, APA or its designee may disclose to any educational institution (regardless of whether I have applied to such institution) or application service any information concerning any discrepancy, error, falsification, misrepresentation, or omission that APA reasonably believes exists with respect to my current application or previous application (if applicable).

In consideration for my participation in the PSYCAS application process, I agree to indemnify, defend, hold harmless, release, and covenant not to sue APA, Liaison International, and their affiliates, and educational institutions participating in PSYCAS, and their respective employees, officers, committee members, and agents (the "Indemnified Parties"), from and against any claims, damages, or costs (including reasonable attorney's fees) arising out of or connected with this application or my participation in the PSYCAS application process ("Claims").

**I understand that, by accepting these terms, I am voluntarily and without coercion agreeing to a legal contract.**