



STUDENT ITEM #3: AUTHORIZATION TO RELEASE INFORMATION

With my signature below, I hereby:

- (1) Authorize the release by any party of all information regarding my academic status and standing; financial aid status; contact information; and any other information needed by The Education Foundation to process this scholarship application.
- (2) Certify that all information on this form is true and complete to the best of my knowledge. I understand that I may be asked to provide proof of information stated in this form.
- (3) Give permission for The Education Foundation to quote, publish and exhibit my name, photo, and any other portions of this scholarship application in any manner deemed necessary by the Foundation to further its mission.
- (4) Agree to be bound by all the terms and conditions of this scholarship application.

Student First Name: _____ Student Last Name: _____ Date: _____

Student Signature: _____

IF applicant is under the age of 18, parent/guardian signature also required below:

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____ Date: _____

Parent/Gurardian Signature: _____

Every entry must be typed for clarity. The required fields must be completed in its entirety. Incomplete forms will be returned. Dates must be the same on all 3 forms.