206.414.8043
believeinme.org

107 Spring St
2nd Floor
Seattle, WA 98104

Believe in Me

2027 Scholarship – Family / Student Authorization

Education-record disclosure | Scholarship application | Sep 15, 2026

Student and record issuer

Student's full name: _____

Application ID (if available): _____

School, college, program, or testing authority: _____

Records contact name: _____

Records-office email: _____

Authorization

I authorize the issuer named above to disclose the student's applicable education records listed below to **Believe in Me scholarship staff**, at scholarships@believeinme.org, to verify academic eligibility and evaluate the student's fall 2027 scholarship application.

Records covered: official high-school or college/program transcript showing coursework, grades and cumulative GPA; official GED completion record, when applicable; or an official statement of good standing or satisfactory progress for a program that does not use GPA. This authorization covers only applicable academic records needed for this scholarship review. It does not authorize release of medical, counseling, disciplinary, financial-aid, or full Social Security number records.

Please send records directly from the issuing school, program, or testing authority to scholarships@believeinme.org **by** Mar 8, 2027 **, at 11:59 p.m. Pacific Time**. Include the student's full name and application ID in the message. If the ID is not yet available, contact Believe in Me to match the records.

This consent covers the 2027 scholarship application review. It does not authorize publicity, photographs, testimonials, or disclosure for unrelated purposes.

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Page 2 - signatures and submission

Student's full name: _____

School / record issuer: _____

Who signs

- **Age 18 or older:** the student signs for their own records.
- **Under 18, high-school records:** the parent or legal guardian signs.
- **College/postsecondary records at any age:** the student signs for those records. If the applicant is under 18, also obtain the parent/legal guardian signature required by Believe in Me.
- For GED or other issuers, follow the issuer's requirements for verifying the authorized signer.

By signing, I confirm that I am authorized to consent to disclosure of the applicable records and approve the disclosure described above.

Student signature (when required): _____

Student printed name: _____ **Date:** _____

Parent/legal guardian signature (when required): _____

Parent/legal guardian printed name: _____

Relationship to student: _____ **Date:** _____

Applicant instructions

Complete and sign this form, then upload a readable copy with your application, along with the required unofficial education record, by **Mar 1, 2027**, **at 11:59 p.m. Pacific Time**. Saving a draft is not submission. Keep a copy for your records.

Do not enter a full Social Security number on this authorization. For help or an accessible signing method, email scholarships@believeinme.org.

Signing guidance: U.S. Department of Education, "Legal Basics" and "What must a consent to disclose education records contain?" studentprivacy.ed.gov/legal-basics; studentprivacy.ed.gov/faq/what-must-consent-disclose-education-records-contain.