

Believe in Me Scholarship Program

Family Authorization Form

Student's Name

Parent or Legal Guardian's Name

School Name

Street Address

City

State

Postal Code

FAMILY AUTHORIZATION

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, a school must obtain authorization prior to releasing student information to others.

Permission is hereby given to school officials to release the undersigned's high school information for consideration in the Believe in Me Scholarship Program.

Student's Signature

Date

Parent or Legal Guardian's Signature (if applicant is under 18)

Date

*Must be completed and forwarded to the school office.