



SCHOOL CHOICE SCHOLARSHIP

Permission to Release Information

TO: Financial Aid Director: _____
University/College: _____
City, State, Zip: _____

I have applied for a scholarship from the School Choice Scholarship. All of my required documents have been submitted to School Choice Scholarship, and my file is complete.

I hereby authorize you to discuss my eligibility to receive the scholarship by telephone, mail, or email with a representative of the School Choice Scholarship.

Student Name (*print*)

Parent Name (*print*)

Student Signature

Parent Signature

Date

Student Social Security Number