



# THE VILLAGE OF KEY BISCAYNE PUBLIC SAFETY SCHOLARSHIP TO PROMOTE HEALTH & WELLNESS

## Permission to Release Information

**TO:** Financial Aid Director: \_\_\_\_\_  
 University/College: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

I have applied for a scholarship from The Village of Key Biscayne Public Safety Scholarship to Promote Health & Wellness. All of my required documents have been submitted to The Village of Key Biscayne Public Safety Scholarship to Promote Health & Wellness, 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 The Village of Key Biscayne Public Safety Scholarship to Promote Health & Wellness.

\_\_\_\_\_  
 Student Name (print)

\_\_\_\_\_  
 Parent Name (print)

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Student Social Security Number