



Consent Form:

Consent to Release Records

Among other rights afforded to me under Federal Legislation commonly known as "The 1974 Family Educational Rights and Privacy Act", as amended, I understand that I have the right to specify the name of each and every individual to whom my records are released.

I further understand that I may waive my right to specify the name of each scholarship donor or scholarship committee to whom my records are released as long as such records are used only in connection with the Phoenix Union Foundation. I hereby authorize the Phoenix Union Foundation for Education to gather and release all the records maintained by the office concerning me.

SUCH RECORDS MAY CONTAIN THE FOLLOWING:

- A copy of my unofficial transcript
- Letters of recommendation bearing specifically on my application for scholarship
- Other documents and information relating to my academic performance
- Personal statements and essays

By signing and returning this form, I certify that the information throughout this application is accurate and misinterpretation of any facts or details could result in ineligibility for any scholarships/awards.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____