

**TOLEDO SCHOLARSHIP
PERMISSION TO RELEASE TRANSCRIPT AND PHOTO RELEASE**

Student Name

Current Mailing
Address

Cell Phone Number

Contact Email
long-term address such as gmail

Alternate Contact Name

Alt.Contact Number

Relationship to Applicant

I grant permission for transcript to be released and included with my Toledo Scholarship application.

I give Toledo Scholarship Committee permission to:

Share my letter and transcript with not only the Toledo Scholarship Committee but other scholarship organizations who use the Toledo Scholarship application pool to select scholarship winners. *We make our best attempt to remove all student's personal information such as name, phone number, and address from each application before sharing it with the committee and other organizations. If an applicant is chosen, then we share such information.*

Authorize the Toledo Scholarship Committee to publish photographs taken of me and/or the undersigned minor child and our names, for use in printed publications, visual displays, and online.

Student's Signature

Parent/Guardian's Signature (if student is under 18 years old)

Date