



## Authorization to Release Educational Records Saginaw Promise Zone Release Form

I hereby authorize any school that I am enrolled in that participates with the Saginaw Promise Zone Scholarship, through its agents and employees, to release any of my financial aid, attendance, demographic and/or academic record information, in whole or in part, to the Saginaw Promise Zone Authority/Organization director, or his/her designee, to facilitate the analysis of my scholarship eligibility and the subsequent educational and economic impact of this scholarship.

As a recipient of a Saginaw Promise educational scholarship, that award information becomes part of my educational record. By consenting to receive any scholarship amount awarded to me, I agree to allow the release of this information in my educational record to third parties specified under the Family Educational Rights and Privacy Act (FERPA). FERPA affords certain rights to students concerning the privacy of, and access to, their education records. While this form authorizes my school, in conjunction with the Saginaw Promise Zone Authority/Organization, to release educational records to third parties, it does not obligate either entity to do so. My school reserves the right to review and respond to requests for release of my educational record on a case-by-case basis. For additional information, I can visit the U.S. Department of Education's website at: [www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html).

The Saginaw Promise Scholarship can have several positive impacts on postsecondary enrollment, persistence, degree attainment and overall success in college. To understand these impacts, I authorize my postsecondary academic record information, in whole or in part, to be released back to the Saginaw Promise Zone Authority/Organization director or his/her designee, in adherence to FERPA for analysis to inform and improve the Promise Zone Scholarship program.

I also authorize the Saginaw Promise/Organization to use information regarding my scholarship in promotion of the Promise Zone Scholarship.

This release is authorized starting on the date of the signature on this agreement and after scholarship receipt for statistical purposes. To rescind this Authorization, I understand that I must submit written notification of rescission to my school. I will also notify the Saginaw Promise Zone Authority/Organization in writing of my decision to rescind my authorization. This rescission would result in the termination of my receipt of the scholarship.

My signature (or that of my parent/guardian if I am under the age of 18) below indicates that I have read this Authorization to Release Educational Records form and that I authorize the release of educational records as described above.

**Student Name:** \_\_\_\_\_ **College/Student ID#:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If student is under age 18:**

**Student Name:** \_\_\_\_\_ **College/Student ID#:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_