

Stephen Phillips Memorial Scholarship Fund

FERPA RELEASE FORM

I authorize _____ (school)
to release my education records, including records related to grades, disciplinary proceedings, tuition and fees, and financial aid, to the Stephen Phillips Memorial Scholarship Fund and its representatives. I understand that I have the right not to consent to the release of my education records, and I execute this FERPA release form voluntarily. This release shall remain in effect until revoked by me, in writing, and delivered to the above-named college or university.

Date

Signature of Student

SS#-last 4 digits

Printed Name of Student

Signature of Parent or Guardian (if student is under the age or 18)