



MARSHALL COUNTY COMMUNITY FOUNDATION

Privacy Release Statement

By signing this form, you are allowing your high school to release certain information contained within your education record to the Marshall County Community Foundation, Inc., in connection with your application for a Lilly Scholarship. You may amend or rescind this authorization statement at any time by submitting a written request of such to the Foundation.

I allow _____ to release any information, including, but
(*print name of high school*)
not limited to academic, disciplinary, and extracurricular activities, upon request to the Marshall County Community Foundation, Inc.

Student's Name

Student's Signature

Date ____/____/____

Parent/Guardian (Circle one)

Parent/Guardian's Name

Parent/Guardian's Signature

Date ____/____/____