



WALLIN EDUCATION PARTNERS SCHOLAR PERMISSION TO RELEASE INFORMATION

Wallin Education Partners 2017 Cohort

I give permission for my college or university to release information regarding my status as a student to representatives of Wallin Education Partners. Representatives may include Wallin Education Partners staff and scholarship donors. This release also allows representatives of Wallin Education Partners to talk with and exchange information with designated college staff (professors, coordinators, specialists, counselors/advisors, financial aid officers, registrars, business office staff, and other relevant personnel) about my academic progress and other matters as necessary to ensure my success as a college student. I understand that this information would otherwise be considered private under state and federal laws and could not be released without my consent.

This information may include enrollment status (part-time/full-time, suspension/probation, or graduated), mid-term alerts, course grades, term and cumulative grades and credits, expected graduation term/year, cost of attendance, information pertaining to my financial aid package or student account, student ID number, my e-mail address(es), phone number(s) and home address, and other information.

I also give permission for my name, photograph, and high school and/or college graduation information to be used in materials that publicize Wallin Education Partners. I understand that my name and graduation information may be published on the organization's website and on programs once I have graduated. I further give Wallin Education Partners permission to share my name, contact information, and graduation information with external organizations for potential employment opportunities.

The undersigned, in consideration of the activities provided by Wallin Education Partners on his or her behalf, hereby release and forever discharge Wallin Education Partners, the Foundation, its officers, directors, agents, and employees and all others acting on behalf of Wallin Education Partners and the Foundation ("Released Parties"), and all of them, from any and all liabilities, claims, demands, actions, and causes of action in any way related to any loss or injury that the Student or Undersigned may sustain in connection with participation in Wallin Education Partners, or any and all activities conducted by or on behalf of Wallin Education Partners. Nothing herein is intended or shall be construed to release any insurance company or any party other than the Released Parties from any liability, claim, or demand or any obligation under any insurance policy.

This authorization will remain in effect for the duration of and after my college career.

Student's First and Last Name (PRINT)

Student's Signature

Date

Full Social Security Number



WALLIN EDUCATION PARTNERS SCHOLAR PERMISSION TO RELEASE INFORMATION

Wallin Education Partners 2017 Cohort

I give permission for my college or university to release information regarding my status as a student to representatives of Wallin Education Partners. Representatives may include Wallin Education Partners staff and scholarship donors. This release also allows representatives of Wallin Education Partners to talk with and exchange information with designated college staff (professors, coordinators, specialists, counselors/advisors, financial aid officers, registrars, business office staff, and other relevant personnel) about my academic progress and other matters as necessary to ensure my success as a college student. I understand that this information would otherwise be considered private under state and federal laws and could not be released without my consent.

This information may include enrollment status (part-time/full-time, suspension/probation, or graduated), mid-term alerts, course grades, term and cumulative grades and credits, expected graduation term/year, cost of attendance, information pertaining to my financial aid package or student account, student ID number, my e-mail address(es), phone number(s) and home address, and other information.

I also give permission for my name, photograph, and high school and/or college graduation information to be used in materials that publicize Wallin Education Partners. I understand that my name and graduation information may be published on the organization's website and on programs once I have graduated. I further give Wallin Education Partners permission to share my name, contact information, and graduation information with external organizations for potential employment opportunities.

The undersigned, in consideration of the activities provided by Wallin Education Partners on his or her behalf, hereby release and forever discharge Wallin Education Partners, the Foundation, its officers, directors, agents, and employees and all others acting on behalf of Wallin Education Partners and the Foundation ("Released Parties"), and all of them, from any and all liabilities, claims, demands, actions, and causes of action in any way related to any loss or injury that the Student or Undersigned may sustain in connection with participation in Wallin Education Partners, or any and all activities conducted by or on behalf of Wallin Education Partners. Nothing herein is intended or shall be construed to release any insurance company or any party other than the Released Parties from any liability, claim, or demand or any obligation under any insurance policy.

This authorization will remain in effect for the duration of and after my college career.

Student's First and Last Name (PRINT)

Student's Signature

Date

XXX - XX -
Last Four Digits of Social Security Number