

CONSENT TO RELEASE INFORMATION AND/OR EDUCATIONAL RECORDS TO THE RICE VINSKUS SCHOLARSHIP FROM SCHOOLS ATTENDED BY APPLICANT IS HEREBY AUTHORIZED:

Print Student (Applicant's) Name: _____

Student Signature: _____ Date: _____

Student's Date of Birth: _____

Print Parent or Guardian's Name: _____

Signature of Parent or Guardian: _____ Date: _____

Note: Parent or Guardian authorization is required if applicant is under age.