



INFORMATION RELEASE FORM – COMMUNITY COLLEGE

Name

Address

Phone No.

City, State, Zip Code

Birth Date

Community College

Graduation Date

As a condition of my participation in the **Peggy and Jack Baskin Foundation Scholarship Program**, I hereby authorize my community college to release to the Peggy and Jack Baskin Foundation any and all information relating to my financial aid, grades, class standing, transfer records, or any other relevant information which the Foundation may request.

This authorization shall be valid for a period of one year beyond the graduation date from both my community college and UC college.

Signed _____
(Student)

Date Signed _____

Signed _____
(Community College Contact)