



INFORMATION RELEASE FORM

Name

Address

Phone No.

City, State, Zip Code

Birth Date

As a condition of my application to 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, GPA, and transfer records which the Foundation may request in order to determine eligibility.

Signed _____
(Student Signature and Date)

As a condition of my participation in the Peggy and Jack Baskin Foundation Scholarship Program, I hereby authorize my **University of California Campus** to release to the Peggy and Jack Baskin Foundation any and all information relating to my financial aid, grades, GPA, transfer records, and billing statements which the Foundation may request in order to determine ongoing eligibility.

Signed _____
(Student Signature and Date)

I hereby authorize the Peggy and Jack Baskin Foundation **to discuss** all information relating to my financial aid, grades, GPA, transfer records, and billing statements with both my Community College and University of California representatives in order to determine ongoing eligibility.

Signed _____
(Student Signature and Date)

I understand that this authorization will be effective until I revoke it in writing.