Authorization and Release Form

STUDENTS: Please return this paper to your teacher. We must have a signature (not typed name). If you are under 18 years of age, a parent/guardian MUST sign the form.

TEACHERS: Submit this paper to the AVID Scholarship Nomination Form.

AUTHORIZATION TO USE LIKENESS AND MATERIALS	
I authorize the Orange County Department of Education, AVID Orange County Dollars for Scholars, Angels Baseball, Angels Baseball Foundation, AVID Center and Orange County Community Foundation to use my photograph and application in any material promoting the AVID program and/or Orange County Community Foundation.	
Full Name of Applicant (Print or type):	
Applicant's Signature:	**Date:**
Print Parent/Guardian's Name:	
(If under 18 years of age): **Parent/Guardian's Signature:**	**Date:**

RELEASE OF INFORMATION AUTHORIZATION	
I authorize the Orange County Department of Education, AVID Orange County Dollars for Scholars, Scholarship America, Angels Baseball, Angels Baseball Foundation, AVID Center and Orange County Community Foundation to receive all educational and financial records from my file, including evidence of enrollment, class schedules, quarter or semester grades/transcripts, units completed, cumulative grade point average, and evidence of financial need. I authorize this release to be in effect during all years in which I am enrolled as an undergraduate student or that I am an active recipient of an AVID Scholarship. I certify that I have considered each question carefully and that my statements are true and completed to the best of my knowledge.	
Name of Anticipated College/University:	
College City:	**College State:**
Applicant's Signature:	**Date:**
Date of Birth (mm/dd/yy):	
Print Parent/Guardian's Name:	
(If under 18 years of age): **Parent/Guardian's Signature:**	**Date:**