

I authorize Red Wing Public Schools to release educational data – including directory information voluntarily provided when submitting a Red Wing High School/Tower View postsecondary scholarship application – to the extent legitimately necessary for consideration of being awarded said scholarship toward postsecondary education.

I understand that this authorization will expire at the end of the calendar year.

Student's Name: _____

Date of Birth: ____/____/____ (mm/dd/yy) Grade: _____

Parent's/Guardian's Name: _____

Today's Date: _____ Signature: _____