



Release of Confidential Information to Authorized Persons/Organizations

By signing and submitting this form, I authorize **Stanislaus Community Foundation** to share all information held by **Stanislaus Community Foundation** relating to me, including all information I provide in my application including, but not limited to, personal information, such as my name, mailing address, email address and date of birth, high school attended and/or graduated from and information relating to any financial aid awarded to me and my attendance at any higher education institution (together, my "Personal Information"), with **College Futures** for the purpose of researching and evaluating scholarships and programs, and to better enable young people to attend college and university. I further authorize to share my Personal Information (including my name and birth date) with the **National Student Clearinghouse** in order to verify my enrollment in and attendance at any higher education program to which I am admitted. I also authorize Stanislaus Community Foundation to share relevant portions of my Personal Information with (i) governmental agencies responsible for administering public financial aid programs including the California Student Aid Commission (CSAC), so that Stanislaus Community Foundation can obtain information from CSAC on state financial aid program eligibility, state financial aid I receive or to which I may be entitled, and information on any higher education institution at which I receive state financial aid; (ii) any higher education institution to which I am admitted so that Stanislaus Community Foundation can verify my enrollment and obtain information on my academic progress (including transcripts), (iii) Stanislaus Community Foundation's third party service providers, such as Stanislaus Community Foundation's data management system provider, (iv) research institutions which undertake research on strategies to increase access to and successful completion of higher education programs, where transcripts and similar information are analyzed by such research institutions so that Stanislaus Community Foundation can obtain information on my academic progress towards a degree or transfer to a four-year degree awarding institution, and (v) any other administrative, law enforcement or governmental agencies to the extent required by order or requirement of a court or such administrative, law enforcement or governmental agency.

College Futures monitors the progress of students who receive scholarships funded by it and students served by its grantees and partner organizations so that College Futures can better evaluate the effectiveness of these scholarships and other sources of financial aid in light of its charitable mission. As part of the monitoring process, College Futures and Stanislaus Community Foundation may share aggregated information that does not include my Personal Information and may otherwise disclose non-identifying information with third parties for analysis, demographic profiling and other purposes. Any aggregated information shared in these contexts will not contain my Personal Information. I understand that College Futures and Stanislaus Community Foundation will take appropriate steps designed to secure and protect the information I provide, to keep it confidential, and to prevent others from connecting this data to me. To the extent possible, except as set forth in this form, any information that could identify me will be removed or changed before such information is shared with other researchers, organizations, or institutions and before any research results are made public in an aggregated form. Except as set forth in this form, under no circumstances will my identity and Personal Information be revealed by College Futures and Stanislaus Community Foundation.



This authorization will remain in effect until I revoke it, which I may do at any time by contacting the **Stanislaus Community Foundation at 209-576-1608**. Any waiver, modification or amendment of this form will be effective only if acknowledged in writing by **College Futures**. Further, I understand that **Stanislaus Community Foundation** will maintain a record of this form, that I am entitled to request and receive a copy, and that I may wish to make a copy of this form for my own records. This form will be governed by and construed in accordance with the laws of the State of California, excluding that body of law known as conflict of laws. If any provision of this form is found to be invalid or unenforceable, that provision will be enforced to the maximum extent permissible and the other provisions will remain in full force and effect. Failure to enforce any provision of the form will not constitute a waiver of future enforcement of that or any other provision. This form may be executed in counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.

Student Name: _____

Date of Birth: _____

Parent's Signature: _____ (if student is under 18)

Student's Signature: _____ (if student is 18 or over; if student is emancipated)

Date: _____