



Completion of this document authorizes the disclosure and/or use of general information about you and/or the youth below. Failure to provide all information request may invalidate this authorization. Your rights regarding the authorization are included on the bottom of this authorization form.

DISCLOSURE OF PERSONAL INFORMATION

I hereby authorize: The release of identified information below by the Komratto Foundation
(check one only) Refuse the release of information by the Komratto Foundation

Candidate Name (Please print on line above)

Authorized release of the following information

- Candidates name
- Picture
- Sport and position
- Any verbal or written information

PURPOSE

Purpose of requested use or disclosure: To promote and encourage the continued progress and success of the Komratto Foundation. (Please check the box that you have read and agree to the terms within this statement.)

SIGNATURE

Print Candidates Name: _____ Candidates DOB: _____

Authorized Representative Signature: _____ Date: _____

Relationship of Authorized Representative to scholarship/award recipient: _____
(Parent/guardian hold parental rights)

KOMRATTO USE ONLY:

AUTHORIZED REVOKED

If authorized representative later revokes consent, enter effective date of revocation:

YOUR RIGHTS

- You make refuse to sign this Authorization
- You may revoke this Authorization at any time, but you need to do so in writing and submit to the Komratto Foundation
- You have the right to receive a copy of this Authorization