

Authorization to Release Educational Records

Hazel Park Promise Zone Release Form

I hereby authorize (name of college) _____, through its agents and employees, to release any of my financial aid, attendance, demographic and/or academic record information, in whole or in part, to my local Promise Zone Authority director, or his/her designee, to facilitate the analysis of my scholarship eligibility and the subsequent educational and economic impact of this scholarship.

As a recipient of a Promise Zone educational scholarship, that award information becomes part of my educational record. By consenting to receive any scholarship amount awarded to me, I agree to allow the release of this information in my educational record to third parties specified under the Family Educational Rights and Privacy Act (FERPA). FERPA affords certain rights to students concerning the privacy of, and access to, their education records. While this form authorizes my school, in conjunction with the local Promise Zone Authority/Organization, to release educational records to third parties, it does not obligate either entity to do so. My school reserves the right to review and respond to requests for release of my educational record on a case-by-case basis. For additional information, I can visit the U.S. Department of Education's website at: www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

The Promise Zone Scholarship can have several positive impacts on postsecondary enrollment, persistence, degree attainment and overall success in college. To understand these impacts, I authorize my postsecondary academic record information, in whole or in part, to be released back to my local Promise Zone Authority/Organization coordinator, or his/her designee, in adherence to FERPA for analysis to inform and improve the Promise Zone Scholarship program.

I also authorize my local Promise Zone Authority to use information regarding my scholarship in promotion of the Promise Zone Scholarship.

This release is authorized starting on the date of the signature on this agreement and after scholarship receipt for statistical purposes. To rescind this Authorization, I understand that I must submit written notification of rescission to my school. I will also notify my local Promise Zone Authority/Organization in writing of my decision to rescind my authorization. This rescission would result in the termination of my receipt of the scholarship.

I also understand the eligibility requirements for the Promise Zone scholarship program as described in the application: yearly completion of FAFSA process and maintenance of at least a 2.0 college GPA and Satisfactory Academic Progress. I understand that Pell grant dollars awarded in a given semester will be subtracted from my total scholarship award for that semester. I also note that my Promise Zone scholarship eligibility will expire six years after high school graduation.

If enrolled at Oakland Community College, I understand that Pell grant dollars awarded in a given semester will be subtracted from my total tuition and fees owed first and that any balance left on my account will be billed directly to the Hazel Park Promise Zone for that semester. If Pell funding covers all tuition and fees, then there will be no Hazel Park Scholarship awarded for that semester, as there will be no balance owed for the scholarship to cover.

My signature (and that of my parent/guardian if I am under age 18) below indicates that I have read this Authorization to Release Educational Records form and that I authorize the release of educational records as described above.

Student Name: _____ College Student ID#: _____

Signature: _____ Date: _____

If student is under age 18:

Parent/Guardian Name: _____

Signature: _____ Date: _____