



(Academic Year)
SCHOLARSHIP RELEASE FORM

By my signature below, I authorize the *(Department Name)*, as an agent of James Madison University, to release any information used in the scholarship selection process to other institutional representatives, the JMU Foundation, and the donor(s). Furthermore, the *(Department Name)*, other JMU representatives, the JMU Foundation, or members of selection committees may share information with donor(s) and others, about my qualifications, as they deem appropriate. The financial aid office will consider student privacy in any decision to release information.

I understand that shared information may include, but is not limited to:

- Scholarship application(s)
- Grade point average
- Financial aid information
- Personal identification information (e.g., name, address, and telephone number)

Finally, I understand that my decision to authorize the release of information is a requirement for scholarship receipt. By signing this form, I confirm that I have read and understand the conditions described in this release form.

Student Name (please print) _____ Student ID # _____

Student Signature _____ Date _____

(DEPARTMENT NAME)

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