

**2017 Governor's Scholars Program
Permission and Release Form**

A) I hereby grant permission for

(Student's Name)

to participate in all activities of the 2017 Governor's Scholars Program, to be interviewed and/or photographed by media representatives, and to be listed or written about in news and publicity releases, as well as in fundraising and other external materials. I also hereby grant permission for the Governor's Scholars Program to provide transportation for field trips and other activities, to use sections from my application as examples, and to provide responses to questionnaires designed to provide data for Program evaluation and for professional and academic research. (All evaluation and research information will be fully protected as confidential material and reported in summary/statistical form only.) I also hereby authorize the Governor's Scholars Program to collect college enrollment information and scholarships received after attending the Program.

Signed

Parent/Guardian

Student

B) This authorization includes permission for the Governor's Scholars Program to release my name, address, and Social Security Number to Kentucky college and university officials for purposes of recruitment and merit-based financial aid. (If this is not signed, your information will NOT be released to any college or university and, as a consequence, you may not be eligible for scholarships designated by Kentucky colleges and universities for students who have completed the five-week Governor's Scholars Program. The Governor's Scholars Program will not, under any circumstance, sell your personal information.)

Signed

Parent/Guardian

Student