**NORTHERN CASS DOLLARS FOR SCHOLARS® INFORMATION RELEASE FORM**

Northern Cass Dollars for Scholars is requesting your permission to share information about you and your relationship with Northern Cass Dollars for Scholars (as a scholarship recipient, volunteer, donor, sponsor or other) to the general public via chapter material, such as our website, social media pages, brochures, videotape or audiotape, and via the media.

(Initial either yes or no below.)

**Note:** Students who have received scholarships from our chapter have already indicated their release of information via the scholarship acknowledgement form, and are not required to sign an additional release form.

The purpose is to inform the general public, including families, students, teachers, principals, local community leaders, business leaders, etc., about available postsecondary education assistance and also provide information to the public—such as donors and potential donors—that the funds are being distributed as intended.

Please complete, sign and return this form to Northern Cass Dollars for Scholars, by . Since a signature is required you may mail the signed form to the address listed below, fax the completed form to (701) 874-2422 or email a scanned copy to Julie Keckler at julie.keckler@sendit.nodak.edu.

 **YES,** Northern Cass Dollars for Scholars has permission (parent or guardian if minor) to release information publicly. Specifically, I agree to allow my name, general biographical information and / or photo to be used in appropriate public relations occasions.

 **NO,** Northern Cass Dollars for Scholars does not have permission (parent or guardian if minor) to release information publicity.

First Name MI \_\_\_\_\_ Last Name \_\_

Address \_\_\_\_\_\_\_

City State \_\_ Zip Code \_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_ Type of phone, please circle one: cell / home

E-mail Address(es)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Signature of Student \_\_\_ \_\_\_\_\_\_ Date

Signature of Parent/Guardian (if student is under 18) Date

Name of Parent/Guardian \_\_\_\_\_\_

Parent/Guardian’s Phone Number \_\_\_\_\_\_

**Contact Information**

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