

# Scholarship Application Authorization Agreement

Date: \_\_\_\_\_

To Whom It May Concern,

I, **[Your Full Name]**, am applying for the **[Scholarship Name]** scholarship. In relation to my application, I hereby authorize the scholarship committee and any authorized personnel to access and verify my academic records and personal information for the purpose of evaluating my scholarship application.

Furthermore, I consent to the release of my academic information to the scholarship provider as required in the application process.

Information to be accessed includes, but is not limited to:

- Transcripts
- Letters of recommendation
- Financial information

I understand that this information will be held in confidentiality and used solely for the purpose of scholarship evaluation.

Thank you for considering my application.

Sincerely,

\_\_\_\_\_  
[Your Signature]  
[Your Printed Name]  
[Your Contact Information]  
[Your Address]