

REACH Georgia - Scholar Application

Release of Information, Consent and Certifications

Consent to Photograph, Film, or Videotape a Student for Non-Profit Use

I, (Print Name of Parent/Guardian), hereby give School System, Georgia Student Finance Authority, Georgia Student Finance Commiss with REACH Georgia, and other REACH Georgia affiliates to use photographs, video im of my student and his or her immediate family in news reports, newsletters, REACH Georgia marketing materials, graduation programs, articles, and/or other media outledge.	sion, the Foundation affiliated nages, writing, voice recordings eorgia website content,
I also grant the right to edit, use, and reuse said products for non-profit purposes inclinternet, and all other forms of media. I hereby release the REACH Georgia Scholarshi Finance Authority, REACH Georgia Foundation, and the agents and employees from all claims, demands, and liabilities whatsoever in connect	p Program, Georgia Student School System and its
Applicant Name:	Date:
Applicant Signature:	Date:
Parent/Guardian Signature:	Date:
<u>Certifications</u>	
I, (Print Name of Parent/Guardian) of provided on behalf of my student in this application and on any other document or we connection with the Application is true, correct and complete to the best of our known knowledge, I/my student meet(s) the eligibility requirements detailed in the application	riting completed by us in rledge. To the best of our
I acknowledge and understand that any false or misleading information written in this disqualification of my student from participation in the REACH Georgia Scholarship Pr	• • •
Applicant Name:	Date:
Applicant Signature:	Date:
Parent/Guardian Signature:	Date:

FERPA RELEASE FORM

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232(g); 34 C.F.R. Part 99) is a Federal law that protects the privacy of student education records. In accordance with FERPA, it is the policy of the school system to withhold certain educational records unless the student or his or her guardian provides consent to disclose information. The purpose of this form is to provide the consent to the school system required by FERPA to allow Georgia Student Finance Authority, Georgia Student Finance Commission, the REACH Georgia Foundation, Inc., colleges, universities, other REACH Georgia affiliates, and their employees, to access educational records on all REACH Scholars.

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I,, (Print Name of P	arent/Guardian), hereby authorize
	ss my child's educational records including, but not limited to vith Georgia Student Finance Authority, the REACH Georgi
Foundation, Inc., colleges, universities, and other REA	CH Georgia affiliates, and their employees, for the purpose of gram, the school system and any research benefitting the State
Applicant GTID Number:	
Applicant Name:	Date:
Applicant Signature:	Date:
Parent/Guardian Signature:	Date: