



A Ministry that Ministers

**Olivet Baptist Church
The Gladys Batiste Scholarship Fund**

CONSENT FORM FOR DISCLOSURE TO PARENTS

The Gladys Batiste Scholarship Fund was established to help Supplement College and/or postsecondary education for Olivet Baptist Church high school graduates.

Applications for scholarship funds involve the submission of sensitive information from each student applicant. This information includes the Academic Achievement Record (formally known as the transcript) which includes confidential state assessment information, letters of recommendations, future college admission information and sometimes very sensitive and/or personally written essays. All of which requires strict confidentiality from committee members. Also during the scholarship renewal process, scholarship recipients are asked to submit copies of grades and class schedules.

To comply with the Family Educational Rights and Privacy Act (**FERPA**) of 1974, all student applicants must complete a consent form for disclosure of any information to parents.

Please read the following very carefully.

I understand that under the provisions of FERPA, I have the right to instruct the Gladys Batiste Scholarship Committee to withhold the disclosure of all information given me regarding the acceptance or refusal of my application for scholarship funds.

I also understand that no discussion or meeting requests from my parent(s) will be honored by the Gladys Batiste Scholarship Committee upon the receipt of this authorization.

This authorization will be valid until a “written” request to rescind from the applicant is received by the Gladys Batiste Scholarship Committee Chairperson.

Consent Form for Disclosure to Parents

I hereby request that Gladys Batiste Scholarship Committee not release any information regarding my scholarship application and possible scholarship renewal.

My signature below indicates that I have thoroughly read the information above and fully understand the agreement and potential consequences of my action.

[] DO NOT Disclose information to my parent(s) (Initials:_____)

[] "YES---YOU CAN" ----Disclose information to my parent(s) (Initials:_____)

Signature: _____ Date: _____

STUDENT PRINTED NAME: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Email address: _____

Receipt Acknowledgement

Gladys Batiste Scholarship Committee Chairperson _____
Date