



# RON ERBEL SCHOLARSHIP FOR FIREFIGHTERS

## Permission to Release Information

TO: Financial Aid Director: \_\_\_\_\_  
 University/College: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

I have applied for a scholarship from the Ron Erbel Scholarship for Firefighters. All of my required documents have been submitted to Ron Erbel Scholarship for Firefighters, and my file is complete.

I hereby authorize you to discuss my eligibility to receive the scholarship by telephone, mail, or email with a representative of the Ron Erbel Scholarship for Firefighters.

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Parent Name (print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Social Security Number