



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, born on _____ (mm/dd/yyyy), do hereby authorize the Mark Garwood Foundation, a 501(c)(3) organization, to obtain any and all electronic, oral, and/or written academic and school financial information for the purpose of qualifying for and maintaining a Mark Garwood Foundation Phoenix Scholarship.

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Primary contact: _____

I understand that my records are protected under Federal regulations, (42CFR, Part2), and the Health Insurance Portability Accountability Act (HIPAA), 45 C.F.R., pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on it, and that, in any event, this consent expires automatically one year from the date signed, otherwise unless specified below. I understand that generally The Mark Garwood Foundation may not condition my Scholarship on whether I sign a consent form, but that in certain limited circumstances support or collateral investigation is a key component and we may not be able to meet your needs without the key contacts involvement. I understand I am entitled to a copy of this document in its complete form. Expiration: Five (5) years from date of signature.

SIGNATURE: _____ DATE: _____