

AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

I _____ do hereby authorize the Registrar,

(Name of Scholarship Recipient)

Financial Aid office, and any other department, division, office, or employee of

_____ to release to the

(Name of Educational Institution)

Nebraska Library Commission all documents, records or data that the Library Commission might request, including but not limited to transcripts, tuition and fee information. The reason for this authorization is to permit me to receive financial aid from the Nebraska Library Commission. I waive any right I have to receive copies of records provided to the Nebraska Library Commission.

Signature _____

Name (Printed) _____

Student ID Number _____

Permanent Mailing Address _____

E-mail Address _____

Date _____

Educational records to be released to:

Attn.: 21st Century Librarian Scholarships
Nebraska Library Commission
1200 N Street, Ste. 120
Lincoln, NE 68508-2023
Fax: 402-471-2083
E-mail: nlc.imsgrant@nebraska.gov