|  |
| --- |
| **MCC Student Release Form**  **for Local Scholarships** |

I (we) give permission to the scholarship selection committee to:

* access my/my student’s grade point average, course history, and/or class rank when applicable

I (we) give permission to the scholarship benefactors and/or the MCC Educational Foundation to:

* use my/my student’s picture from Awards Night in a newsletter, promotional materials, and/or on their website.

Signature of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_

Signature of Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_

(if student is under the age of 18