

**STUDENT/PARENTAL/LEGAL GUARDIAN CONSENT FORM**

According to the Federal Family Rights and Privacy Act of 1984, no information about a student’s academic performance may be disclosed without the written consent of the student, if the student is 18 years of age or older, or the consent of the student’s parent or legal guardian if the student is under the age of 18. Therefore, to complete the application for the Donna Adams Mahaffey Scholarship, this consent form must be signed prior to the school registrar/principal/guidance counselor verifying your academic and other personal information (citizenship status) to the Donna Adams Mahaffey Scholarship Committee.

I, \_\_\_\_\_, have read and understand the conditions  
(Student Name)

of the Donna Adams Mahaffey Scholarship. I give permission to officials of my current high school to release to the Donna Adams Mahaffey Scholarship Committee verification of my academic record and other personal information requested for consideration in the Donna Adams Mahaffey Scholarship program. I understand that this application will be available only to qualified people on the Committee who need to see it in the course of their duties. I waive my right to have access to the letters of recommendation written on my behalf. If awarded a Donna Adams Mahaffey Scholarship, I plan to attend the non-profit, technical, associate or 4-year public college or public university accredited by the University System of Georgia as listed in my application. I affirm that all of the information contained in this application is true and accurate to the best of my knowledge and belief.

I release to the Sandy Springs Civic Fund and to the Donna Adams Mahaffey Scholarship Committee the right to use my name, picture, essay, and other information contained in this application for the Sandy Springs Civic Fund and Donna Adams Mahaffey Scholarship Committee publications, reports and/or press releases and other print and video media.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

*Parent/Legal Guardian must complete this part of the application if the student applicant is under 18 years of age.*

I hereby confirm that I am the parent or legal guardian of the above named student applicant who is under the age of 18. By signing this Consent, I am giving my consent: (i) to my child's high school to disclose and release all pertinent scholastic, educational and personal information regarding my child requested by the Donna Adams Mahaffey Scholarship Committee; (ii) to allow the Sandy Springs Civic Fund and to the Donna Adams Mahaffey Scholarship Committee the right to use my child's name, picture, essay and other information contained in this application for the Sandy Springs Civic Fund and the Civic Fund's Donna Adams Mahaffey Scholarship Committee publications, reports and/or press releases and other print and video media.

I understand and acknowledge that the consent provided in this Consent shall be valid for my child's academic and personal information as of the date of my signature below, and shall remain valid and in effect until my child graduates from high school, or I withdraw my consent, which I may do at any time.

I also confirm that I have reviewed my child's application for the Donna Adams Mahaffey Scholarship and, to the best of my knowledge and belief, all of the information provided by my child in the application (including their citizenship status) is accurate and complete.

*[Please circle whether you are the student applicant's parent or legal guardian.]*

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian Printed Name:** \_\_\_\_\_

December 10, 2020