



The **Student Mentor Project**  
Students Changing Lives of Students

*Return all documentation to the address below.*

***The Student Mentor Project Scholarship  
Authorization for Release of Information***

The undersigned hereby authorizes the release of any information, which may be required by TSMP in order to determine my eligibility for a TSMP Scholarship. This may include, but not be limited to, information on additional grants received, enrollment, grades, and current address or telephone number.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

For minors under age 18:

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Signature of parent or guardian

Printed name