**RELEASE OF INFORMATION**

The Charleston Woman’s Improvement League, Inc., makes every effort to protect the privacy of your personal information. In fulfilling the mission of our Scholarship Program, there may be occasions where your name, photograph and school affiliation will be published.

By my signature below, I grant my consent without reservation to the Charleston Woman’s Improvement League, Inc. to use my name, school affiliation and photograph for the purpose of publicizing the Scholarship Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**If under 18, Parent or Guardian signature is also required**

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Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print)

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Date