



The Valentine Braun Irrevocable Education Trust

CONSENT FORM FOR RELEASE, USE AND DISCLOSURE OF PERSONAL INFORMATION FOR SCHOLARSHIP APPLICANT

Fall Semester, August 2025-December 2025 and Spring Semester, January 2026-May 2026

By signing this Consent, you authorize us to request from third parties academic and personal information and to use and/or disclose any personal identifying information received from you or from third parties in reviewing or investigating your scholarship application and enclosures or processing any scholarship award for The Valentine Braun Scholarship. You understand that information we receive from third parties or which you submit to us may be protected under Federal or State law and you are not required to disclose such information to us or to allow us to receive it from third parties. By submitting such information, you are waiving any such privacy protection.

You understand that this Consent will be relied upon in contacting and requesting information from, where applicable, your priest, current and/or former academic institution(s) (including all personnel at said institution(s)), your employer(s), and any references you may have provided us. You further understand that this Consent will be used to contact your academic institution in order to facilitate the direct payment of any scholarship award, and to verify your academic performance and eligibility for all purposes related to scholarship awards and refunds. You also understand that this Consent may be used by the Scholarship Committee to obtain your official academic transcript of your grades directly from your academic institution(s). Information you provide us may be used and disclosed to others in the course of our investigation of your application and the processing of any scholarship award you may receive.

You have the right to revoke this Consent at any time. The revocation of this Consent must be in writing and mailed postage prepaid to The Valentine Braun Scholarship's address. Your revocation of this Consent is not retroactive and therefore does not affect uses or disclosures we have already made relying upon this Consent. Your revocation will be treated as a withdrawal of your application for The Valentine Braun Scholarship and any pending scholarship award or payment of any award previously made, and will make you ineligible for scholarship selection. This Consent is effective immediately and will remain in effect unless and until it is revoked in writing at the following address:

The Valentine Braun Scholarship
Attention: Scholarship Committee
5623D 22nd Park
Topeka, Kansas 66614

Applicant returns all pages of this completed document to the Scholarship Committee.

I HEREBY AUTHORIZE The Valentine Braun Irrevocable Education Trust, its Trustees, employees, agents, and Scholarship Committee to request from third parties, use and/or disclose my personal identifying information in regard to determining my qualifications for The Valentine Braun Scholarship and to facilitate payment of any scholarship award and as required for any government tax reporting. I understand that the information disclosed may include my academic records, social security number, date of birth and any other personal identifying information that may be included in any of the material or records provided by third parties or by the undersigned.

Applicant Signature

Date

Printed Name of Applicant

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 202__.

Notary Public

My Appointment Expires:

Applicant returns all pages of this completed document to the Scholarship Committee.