

# Satchel Paige Foundation

## Release of Confidential Information

I, \_\_\_\_\_ authorize the Satchel Paige Foundation to release the following information to the individuals(s) and/or organization or publication listed below.

Information to be released: Picture, general information regarding personal history, application for and receipt of scholarship from the Satchel Paige Foundation and any other information voluntarily given by \_\_\_\_\_ to the media.

To be used for promotion of the Satchel Paige Foundation and its projects.

*Single Parent Scholarship Fund*

*The Local newspapers, radio and television stations.*

This release of confidential information is only valid until canceled by the undersigned in writing. I understand the information will be used only as stated above.

Answering no to the above statement will not affect your chances of being awarded a scholarship.

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

If minor, \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature