

**SUBMIT OFFICIAL TRANSCRIPTS AND
SIGNED AUTHORIZATION AND RELEASE FORM TO:**

Orange County Department of Education/AVID
Attn: Colleen Hoffman
200 Kalmus Drive, PO Box 9050
Costa Mesa, CA 92628-9050

Must be received in the OCDE AVID office by 4:30 p.m. on December 7, 2018

Authorization and Release Form

AUTHORIZATION TO USE LIKENESS AND MATERIALS

I authorize the Orange County Department of Education, AVID Orange County Dollars for Scholars, Angels Baseball, Angels Baseball Foundation and Orange County Community Foundation to use my photograph and application in any material promoting the AVID program and/or Orange County Community Foundation.

Full Name of Applicant (Print or type):

Applicant's Signature:

Date:

Print Parent/Guardian's Name:

(If under 18 years of age):

Parent/Guardian's Signature:

Date:

RELEASE OF INFORMATION AUTHORIZATION

I authorize the Orange County Department of Education, AVID Orange County Dollars for Scholars, Angels Baseball, Angels Baseball Foundation and Orange County Community Foundation to receive all educational and financial records from my file, including evidence of enrollment, class schedules, quarter or semester grades/transcripts, units completed, cumulative grade point average, and evidence of financial need. I authorize this release to be in effect during all years in which I am enrolled as an undergraduate student or I am an active recipient of an AVID Scholarship.

I certify that I have considered each question carefully and that my statements are true and completed to the best of my knowledge.

Name of Anticipated College/University:

College City:

College State:

Applicant's Signature:

Date:

**Last Four Digits of Social Security or
Legal Registration#:**

Date of Birth (mm/dd/yy):

Print Parent/Guardian's Name:

(If under 18 years of age):

Parent/Guardian's Signature:

Date:

Incomplete or late applications will not be considered for scholarships