# BE THE LIGHT Scholarship
## Authorization and Consent for
## Release of Financial Documents and Personal Information

I, (Parent/Guardian's First and Last Name)_____, hereby authorize (School's Name) _____ to release to the Ari J Arteaga Foundation, Inc. all of my financial aid application documents, which I have submitted to the school, and information about my child, (Son/Daughter's First and Last Name) _____, as it pertains to the qualifications of the BE THE LIGHT® Scholarship. I understand these documents and information will be used by the Foundation to assist them in making a determination as to my son/daughter's BE THE LIGHT® Scholarship application.

***By my signature, I acknowledge this consent and authorization to be valid. I understand that this consent remains in effect until written revocation from me is received by the above mentioned school. I also understand that such revocation does not affect disclosures previously made.***

_____ _____

Parent/Guardian Signature Date

_____ _____

Print Parent/Guardian First and Last Name