



# Hartford Promise Authorization to Release Records College/University

I \_\_\_\_\_, hereby authorize my college/university  
(Student Name)

through its agents and employees, to release any personal, demographic or academic information to **Hartford Promise** which is necessary to administer the scholarship award, make determinations regarding scholarship eligibility and facilitate analysis of the educational and economic impact of the Hartford Promise Scholarship.

This release is authorized for the duration of the time that I receive the scholarship funds. To rescind this authorization, I acknowledge that I must submit to my college/university written notification of rescission. This rescission would result in the termination of my Promise Scholarship.

I understand that my personal information will be held confidential and private but that this information is integral to the furtherance of Hartford Promise and is necessary for its overall success.

**A. Student Information**

First Name:  
Last Name:

Hartford Promise  
750 Main St  
Hartford, CT 06103  
Phone: 860-956-5310  
Email: [info@hartfordpromise.org](mailto:info@hartfordpromise.org)

**B. Third Party Designee**

**Requested Information to be released includes but is not limited to:**

Relevant educational, academic, personal and financial information necessary for Hartford Promise efforts and data concerns.

Grades/GPA, credits, demographics, registration, student ID, academic progress status, and/or enrollment status and information.

Records maintained by the "Student Records Office," including academic history, student conduct, and other records maintained in that office.

Billing statements, financial aid awards, charges, credits, and payments.

By signing below, I indicate that I have read this Authorization to Release Educational Records form and that I authorize the release of records as described.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if student is a minor)

\_\_\_\_\_  
Date