



CHEROKEE
NATION
FOUNDATION

Release of Records

I _____ (parent or guardian) hereby authorize Cherokee Nation Foundation (CNF) or their agent or representative, to inspect, review and make copies, including photostatic copies or digital copies, of all records indicating official ACT test scores pertaining to _____ (student) from the date of his or her first enrollment at their high school to their graduation date. Photostatic copies or digital copies of this authorization will be considered as valid as the original. CNF promises that these records are only used for donor and grant funding sources and all student information remains confidential.

_____ Please initial if you give the Counselor or Registrar permission to send student records with official ACT scores to a Cherokee Nation Foundation representative.

If the student is **UNDER the age of 18, use this signature block:*

Signature of parent or guardian

Parent or guardian's name (please print)

Dated: _____

**If student is over the age of 18 years, use this signature block:*

Student signature

Student name (please print)

Dated: _____