

NCBF Scholarship for Children of Permanently Disabled or Slain NC Law Enforcement Officers

Release and Exchange of Information Authorization*:

I authorize the release and exchange of information to, by and between the North Carolina Bar Association Young Lawyers Division and _____
(name of parent/step-parent's employer at time of disability or death) and I agree that such information released and/or exchanged may include such information as may be necessary to confirm the death or permanent disability in the line of duty of the parent upon whom this scholarship application is based and such other information as may be necessary to assure proper administration of student scholarship grants by the North Carolina Bar Association Young Lawyers Division.

Printed Name of (check one):

_____ Disabled Parent or _____ Surviving Parent: _____

Signature: _____ Date of Signature: _____

*This form should be completed and signed by the disabled parent or the surviving parent.