



RELEASE OF INFORMATION

I authorize the release of the information I have submitted on the accompanying form provided by ARCS, Inc., to the Graduate Education office at Arizona State University for the purpose of reviewing and verifying the information, including my GPA and other information pertaining to my eligibility.

In consideration of any Scholar Award presented to me by ARCS Foundation Inc., Phoenix Chapter, I authorize ASU and the ARCS Foundation, Inc., Phoenix Chapter, (as well as the ARCS Foundation national office and the other ARCS Foundation chapters) to release any information concerning my academic and professional activities, including photographs of me, to ARCS members, donors, potential donors, and news outlets.

I grant ASU and the ARCS Foundation permission to publish photos, recordings, or statements from me without limitation while waiving the right to inspect or approve of these items before publication. I also release ASU and ARCS from any claims, liability, or royalties resulting from the use of these items. I agree that any photographs taken by me and submitted by me to the Graduate Education office will not be copyrighted by ASU or ARCS Foundation, but ASU and ARCS Foundation will retain all usage rights as listed above.

I also agree to provide ARCS with my future addresses and academic and professional activities.

NOMINEE'S SIGNATURE

PLEASE PRINT NAME AND DATE