THE AUBREY LEE BROOKS FOUNDATION

The University of North Carolina at Greensboro

North Carolina State University at Raleigh The University of North Carolina at Chapel Hill

Aubrey Lee Brooks Foundation Scholarship Consent Form for Disclosure of Student and Financial Information

I, the undersigned, authorize the North Carolina State Education Assistance Authority ("NCSEAA") to disclose my Aubrey Lee Brooks Foundation Scholarship application and all records submitted with the application to the County Review Committee and Central Review Committee in order to be considered for the Brooks Scholarship. I acknowledge my understanding that the County Review Committee is comprised of public school and alumni representatives from the county in which I reside, and the Central Committee is comprised of representatives from the three North Carolina universities that participate in the program (the "Central Committee").

Specifically, I consent to the disclosure of my personally identifiable information submitted with my application, including but not limited to name, date of birth, phone number, email address, program application, high school academic transcripts, SAT/ACT scores, or letters of recommendation by NCSEAA to the County Committee and/or the Central Committee.

This authorization will remain in effect for the 2023-24 school year.

Student/Applicant name (*please print*): _____

Student/Applicant signature: _____

Date: _____

If you are under 18 years of age, your parent/guardian must also sign this form.

Parent/Guardian Name (please print):

Parent/Guardian Signature:

Date: _____

The North Carolina State Education Assistance Authority (NCSEAA) administers the Brooks Scholarship on behalf of the Aubrey Lee Brooks Foundation.

This required form must be completed and submitted to NCSEAA.