



**RELEASE OF INFORMATION TO PARENTS SUPPORTING PARENTS**

Print Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Sober Home Name: \_\_\_\_\_

Manager at Sober Home: \_\_\_\_\_ Manager Phone: \_\_\_\_\_

Manager email: \_\_\_\_\_

Sober Home Address: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address if different from above:  
\_\_\_\_\_  
\_\_\_\_\_

**My authorization**

**1.) I authorize the following using or disclosing party:**

Parents Supporting Parents

**2.) To use or disclose the following information:**

All information from my application for a scholarship and correspondence to Parents Supporting Parents may be used in any promotional emails/fundraisers etc.  
(Full names will not be used unless approved by scholarship recipient)

**3.) To speak to my sober home to check in on progress.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_