

Waiver of Confidentiality

In consideration of my application to the
National Kidney Foundation of Arizona, for a scholarship
I, the undersigned scholarship applicant, grant full permission to

(Write the name of the school)

to provide the following information to the National Kidney Foundation of Arizona:

- Financial records as they relate to educational costs and payments.
- Academic records as they relate to the courses taken and grades earned.

Scholarship applicant signature

Print Name

Witness signature

Print Name

Date