



John D Miller Scholarship Foundation

Permission to Release School Record to Third Party

Principal (Full Name) _____
High School (Full Name) _____
Address _____
City, State, Zip _____
Phone Number _____

The John D. Miller Scholarship Committee is
requesting the following information:

- Official administrative record (name, address, birth date grade level completed, grades, class standing, attendance record, phone.
- Standardized achievement test scores.
- Intelligence and aptitude test scores.
- Personality and interest test scores.
- Teacher and counselor, or observations and ratings.
- Record of extracurricular activities.

We are willing to have this information released to this committee.

Parent's signature: _____ Date: _____

Student's signature: _____ Date: _____

Send this form to your local school principal.

Principal: Send completed forms by June 1, 2019 to:

Blaine R. Miller
2148 Hawthorne Ave. E
St. Paul, MN 55119-3221

All forms must be submitted in triplicate