



Intellectual Property Scholarships – Continuing Student Form: WAIVER OF CONFIDENTIALITY

Please print your name, sign and date. Return your completed form and application materials to Cheryl Jester-George no later than April 1st.

WAIVER OF CONFIDENTIALITY

Applicant Name _____ (Please print)

I waive confidentiality with reference to my student academic file at the GSU College of Law for purposes of review by the Scholarship Committee. In the event I receive an IP Scholarship, I consent to the use of only the information included in this scholarship application in publicity of the Scholarship.

Signed _____ Date _____