

ETA PHI BETA
SORORITY, INC.



Not For Ourselves, But For Others®

REGION OR CHAPTER NAME

**PARENTAL CONSENT TO RELEASE INFORMATION
FOR SPECIAL NEEDS STUDENT**

To Whom It May Concern:

My son/daughter _____ has applied to Eta Phi Beta SorORITY, Incorporated, for a Special Needs Scholarship. I am confirming that he/she has an Individualized Education Plan (IEP) or a 504 Plan with:

Student _____ Phone _____

Address/City/State _____

Email (if applicable) _____

Signature _____

(If a student is 18 years old and can independently sign for themselves, please have them sign here.)

Date: _____

Name of Parent/Guardian _____ Phone _____

Address/City/State _____

Email _____

Parent/Guardian Signature _____

Date: _____

High School _____

City & State _____

Name of Student _____

Signature: _____

Position: _____

Place school
seal or stamp
in this box.

School seal or stamp **MUST** be
placed on this page. Application
will be ineligible without it.

Please return this form with your application.