

**John B. and Brownie Young Memorial Fund
Authorization to Release Information**

Student's Full Name (print): _____ **Last 4 SS#** _____

I authorize the Student Financial Aid Office at _____
(college or university)
to provide the information requested on the Cost to Attend form to:

John B. and Brownie Young Memorial Fund
c/o Independence Bank Trust Department
P O Box 948, Owensboro, KY 42302-0948

By this document, I hereby give representatives of the Student Financial Aid Office permission to discuss my academic records and my financial circumstances with representatives of Independence Bank Trust Department. You should interpret this document as conforming to the provisions of the Family Educational Rights and Privacy Act of 1974.

Signature of Student _____ Date _____

Signature of Parent (if applicant is under 18 years of age) _____

Student Home Address _____ Apt# _____

City _____ State _____ ZIP _____ Phone # _____

Birth Date (MM/DD/YYYY) _____ High School _____

E-mail address _____

Student Financial Aid Office:

IMPORTANT

Place a copy of this document in my file for reference if calls are received from a representative of Independence Bank Trust Department.

Questions should be directed to:

Independence Bank Trust Department Phone: (270)689-9861 ext 701332

E-mail: ktaber@1776bank.com

Fax: (270)689-9859