WESTCHESTER ALPHAS EDUCATIONAL FOUNDATION

Transcript & SAT/ACT Exam Score Report Release Form
Video/Photography Release Form
Please print and return this form. A parent/ signature is required

This form should be completed by the applicant's parent/guardian, returned to the applicant's guidance counselor, and submitted with the completed application package.
If submitting an online application, this form should be printed, completed, and either scanned and emailed with the applicant's official high school transcript and SAT/ACT exam score report (if taken), or mailed to the address listed at the bottom of the form.

College/School Counselor:

As the parent(s)/guardian(s) of _____, I/we give permission to release their high school transcript and SAT/ACT exam score report(s) to the Westchester Alphas Educational Foundation, Incorporated for consideration of the 2025 scholarships and book awards.

Parent #1/Guardian #1 Name: _____

Parent #1/Guardian #1 Signature: _____

Parent #2/Guardian #2 Name: _____

Parent #2/Guardian #2 Signature: _____

Note: The completed application package must be **postmarked by Saturday, April 5, 2025**.

Email pdf completed application to:

For questions/concerns, please email westchesteralphasedfoundation@gmail.com.

WESTCHESTER ALPHAS EDUCATIONAL FOUNDATION

VIDEO/PHOTOGRAPH RELEASE FORM

I hereby grant The Westchester Alphas Educational Foundation the irrevocable right and permission to use photographs and/or video recordings and or likenesses of _____ and his family on any websites and/or social media and in publications, promotional materials, educational materials, derivative works, or for any other similar purpose without compensation to. Failure to agree to the terms in this document automatically disqualifies the applicant.

I understand and agree that such photographs and/or video recordings may be placed on the Internet. I also understand and agree that he or his family may be identified by name and/or title in printed, Internet, or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape, and digital files are and shall remain the property of The Westchester Alphas Educational Foundation.

I hereby release, acquit, and forever discharge the Westchester Alphas Educational Foundation, its current and members, officers, and employees of the above-named entities from any and all claims, demands, rights, promises, damages, and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than eighteen years old, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.

Signature of Applicant	Date

Printed Name of Applicant

If the Applicant is under eighteen (18) years old, the following section must be completed: I have read and understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns, and personal representatives. I acknowledge that I am eighteen (18) years old or older and that I am the parent or guardian of the child named above.

Signature of Parent/Guardian of Applicant	Date

Printed Name of Parent/Guardian of Applicant
