## Transcript Release Form

Applicant must process this form so that Selection Committee receives information at designated deadline.

Name		ID#	
I authorize the			
(School name) to release my transcript of grades to the St. Louis Italian Open for Children's Charities Inc. for use in determining my eligibility for a the Rich LoRusso Culinary Scholarship Award. I understand that I will be responsible for any cost associated with sending this transcript.			
Applicant Printed Name	Applio	cant's Signature	Date
School Name	Address	City/State/Zip	
Please send the requested transcript directly to the address below.			

St. Louis Italian Open Rich LoRusso Scholarship Committee 12511 Sunset Drive. St. Louis, MO 63128

Thank you.