

The STANTON E. & M. ELAINE TEFFT FOUNDATION
7 Meetinghouse Road
Bedford, NH 03110
www.tefftoundation.org

Authorization for Release of Information

To: _____

Address: _____

City/State _____

Re: _____

Applicant's Name

Section Below for Applicant

You are hereby authorized and directed to furnish and release to the **STANTON E. & M. ELAINE TEFFT FOUNDATION**, or their duly authorized agent, any and all information and records they request to verify information I have provided to them in my application for a **TEFFT FOUNDATION PRIZE**.

A copy of this authorization will have the same authority as the original document.

Dated: ____/____/____

Signature of Applicant or, Adult with Authority to act for Minor

DEADLINE IS MAY 1