

I, the undersigned, declare the information I have provided for this application is true and complete to the best of my knowledge and belief.

(Signature of Applicant) Date: _____

(Signature of Parent or Guardian) Date: _____

The Privacy Act of 1974 (Public Law 93-579) prevents agencies from releasing information about you to anyone without your written permission to do so. Therefore, Senator Jeff Sessions will need your signature below before he can obtain the necessary information from your records.

(Signature of Applicant) Date: _____