



AUTHORIZATION

I, _____, parent, legal guardian, or legal custodian of _____, hereby authorize St. Gabriel Consolidated School to receive, accept, sign, and endorse any check, warrant, or other document payable to St. Gabriel Consolidated School with my name on it, or jointly payable to both [St. Gabriel Consolidated School and myself, and which is required to be endorsed by me, received from the Ohio Department of Education in accordance with Ohio Rev. Code 3310.01, *et seq.* and/or Ohio Admin. Code Ann. § 3301-11-10 and for the purposes set forth therein.

In connection with this Authorization, I recognize and understand the following: (1) this Authorization may be revoked/withdrawn at any time by completing a Withdrawal of Authorization form and providing it to St. Gabriel Consolidated School]; (2) I am not required to sign this Authorization in order to participate in the EdChoice Scholarship, but rather I can continue to sign my child’s scholarship checks directly; and (3) I can view payments made from my child’s scholarship through the parent portal on the Ohio Department of Education’s website.

I further recognize and understand that St. Gabriel Consolidated School may at any time, and for any reason, resign or withdraw from this Authorization by written notice to me, in which case the EdChoice Scholarship checks shall be signed by me.

I agree to indemnify St. Gabriel Consolidated School, St. Gabriel Church, St. John the Evangelist Church, and St. Maximilian Kolbe Church and to hold them harmless against any and all costs, expenses, damages, liabilities, or claims, including reasonable attorney fees and expenses of counsel, which St. Gabriel Consolidated School, St. Gabriel Church, St. John the Evangelist Church, and St. Maximilian Kolbe Church or the Archdiocese of Cincinnati may sustain or incur by reason of the foregoing directions I have provided herein.

Date

2023-2024

Parent/Guardian Signature