

**B** Charles M. Bair  
Memorial Scholarship

Grade Release

I, \_\_\_\_\_, a Charles M. Bair Memorial  
(Name)  
Scholarship recipient, authorize \_\_\_\_\_ to  
(College/University)  
provide copies of grade transcripts to the following address:

Charles M. Bair Memorial Scholarship  
U.S. Bank Trust  
P.O. Box 30678  
Billings, MT 59115-0678

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Student Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Notes:

- *This form will be held on file to obtain grades, if necessary.*
- *It is the responsibility of the student to provide grade reports to U.S. Bank Trust at the end of each term.*