AUTHORIZATION

I, _____, parent, legal guardian, or legal custodian of

_____, hereby authorize Bishop Leibold School to receive, accept, sign, and

endorse any check, warrant, or other document payable to Bishop Leibold School with my name

on it, or jointly payable to both Bishop Leibold 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Authorization may be revoked/withdrawn at any time by completing a Withdrawal of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 Bishop Leibold 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 Bishop Leibold 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 Bishop Leibold School, St. Henry Parish, and Our Lady of Good Hope

Parish and to hold them harmless against any and all costs, expenses, damages, liabilities, or

claims, including reasonable attorney fees and expenses of counsel, which Bishop Leibold School,

St. Henry Parish, and Our Lady of Good Hope Parish or the Archdiocese of Cincinnati may sustain

or incur by reason of the foregoing directions I have provided herein.

_____   _____
Date   Parent/Guardian Signature

<u>WITHDRAW OF AUTHORIZATION</u>

I withdraw my Authorization for Bishop Leibold School to endorse and deposit checks issued from the EdChoice Scholarship on my behalf. This withdrawal applies to all checks issued after the date of my signature below.

_____   _____
Date   Parent/Guardian Signature