Release of School Information

High School/Educational Institution ________________________________

The student named below has applied and/or been selected to participate in the University of Utah Upward Bound Program. In order to assess this student’s need for the program, potential for academic success, or academic progress, we are requesting a copy of his/her grades, transcript, test scores, and/or any other relevant information.

Student Information

Name__________________________________ School ID# __________________________

Student Address ____________________________________________

Street City State Zip Code

Date of Birth _______________ Date of Last Enrollment _______________________

Parent/Guardian Permission for Release of School Information

I, the undersigned, am the parent or legal guardian of the student named above. I give my permission for the high school, educational institution, or program, to release grades, transcript, test scores, and any other relevant information to the University of Utah Upward Bound Program upon request of the Program or its representative. I understand that the Upward Bound Program will keep this information confidential.

Parent/Guardian Signature________________________ Date _______________

Student Signature_________________________________________ Date _______________

Send Information to

The University of Utah
Upward Bound Program
1901 E. South Campus Drive, Room 2075
Salt Lake City, Utah 84112-9356
(801) 581-7188
FAX (801) 581-4325
http://www.trio.utah.edu