

**Upward Bound Math Science Regional Center
Wichita State University
1845 Fairmount – Campus Box 156
Wichita, KS 67260-0156 (316) 978-3316
1-800-531-4984 Fax (316) 978-5411**

AUTHORIZATION FOR RELEASE OF RECORDS

(To be completed by the student and parent/guardian)

STUDENT'S NAME: _____ SOCIAL SECURITY #: _____ -- ____ -- _____

The U.S. Department of Education requires that the Upward Bound Math Science Regional Center at Wichita State University follow and monitor the academic progress of students participating in the Upward Bound Math Science program by tracking secondary school graduation, college matriculation, persistence and subsequent college graduation, etc. In consideration of _____ being accepted for participation in the Upward Bound Math Science Regional Center at Wichita State University, I/we hereby specifically authorize all secondary and post-secondary institutions attended by _____ to release the following information to representatives of the Upward Bound Math Science Regional Center at Wichita State University:

Secondary Schools:

- Achievement, aptitude proficiency, and interest scores (ACT, PACT, SAT, PSAT, Iowa Test of Basic)
- Skills scores - all other tests taken since 7th grade).
- Official transcripts
- Official copies of report cards
- Activities chart or lists of extra- or co-curricular activities
- Family background data
- Interview information from school administration, counselors, and teachers

Post Secondary Schools:

- Enrollment verification information
- Transcripts or transcript information documenting academic progress
- Degree attainment information
- Interview information from school administrators

This permission is granted for a period of time not to exceed ten (10) years after secondary school graduation or until this authorization is specifically cancelled by both _____ and his/her parent or guardian.

As a result of signing this form, the student applicant and his/her parent/guardian certify that they are providing this authorization with full understanding and voluntarily in consideration of the student applicant's participation in the Upward Bound Math Science Regional Center at Wichita State University and to permit the Center to fulfill requirements imposed by the U.S. Department of Education, the funding agency.

Student Name (Printed)	Date	Parent/Guardian (Printed)	Date
Student Signature	Date	Parent/Guardian Signature	Date

NOTE: *Information obtained by this form shall not be transferred to any other person or agency than that listed above without the consent of the person whose signature appears here on.*

Current school may retain copy of this form for student file.