

## Authorization for Release of Information

The Upward Bound program at UW-La Crosse is funded by the United States Department of Education.

We are required to track program participants' academic performance from the time they enter the program through their graduation from college. Future funding of the project is based on our ability to annually prove that our graduates are successful in college and receive adequate financial aid.

Whenever possible, we will collect the data we need directly from our students. In some cases, it is necessary to contact schools directly to obtain current accurate information.

Upward Bound may request the following information by phone, fax, e-mail, letter, or in person:

- copy of my high school mid term reports, quarter grades and transcripts, including class rank
- copy of official results of standardized tests (such as, but not limited to, WSAS, WKCE, PSAT, ACT, SAT, etc.)
- copy of my financial aid application, financial aid awards, and other proposal letters
- copy of my Student Aid Report (SAR) and Free Application for Federal Student Aid (FAFSA)
- copy of my Individual Education Plan (IEP) or other recommended disability services or diagnoses
- information concerning status of my college and program admissions application(s)
- information verifying my enrollment in a postsecondary institution
- information about my graduation from a postsecondary institution
- any other academic records that verify my admission to, attendance or status at and/or separation from a postsecondary institution

**I authorize the release of academic and financial aid information for the student listed – including, but not limited to the information listed above -- to the Upward Bound at UW-La Crosse for ten (10) calendar years from the date of my signature. I also authorize Upward Bound to release this information to third parties for reporting purposes, when necessary.**

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student Name (signature)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian Name (signature)

\_\_\_\_\_  
Date Signed

Please list your permanent contact information below.

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*Name* *Parent/Guardian Name(s)*

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*Address* *City/State/ZIP* *Main Phone Number*

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*E-mail Address* *Alternate Phone Number*

Please list two people who do not live with you who might be able to help us contact you if we lose touch.

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*Name* *Relationship to you* *Phone*

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*Address* *City/State/ZIP* *Email address*

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*Name* *Relationship to you* *Phone*

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*Address* *City/State/ZIP* *Email address*