



Rhode Island College Upward Bound Program
Information Release/Permission Form

- (1) I grant permission to the high school to issue, as requested and for as long as requested, all information, including grades, transcripts, state testing results, and school medical records, to the director of Upward Bound. I understand that this information is needed and is for the exclusive use of the Upward Bound Program.
(2) I grant permission to the Upward Bound Program to obtain information relevant to reports that the project must submit to its funding agencies even if the student does not graduate from the program. This information includes financial aid awards and academic transcripts for each semester that the student is enrolled in college for a period up to ten years.
(3) I give permission for the student to be photographed in connection with activities of the Upward Bound Program. I understand that these photographs may be used in program-sponsored publications.
(4) I hereby grant permission to the Rhode Island College Upward Bound Program and/or any hospital to treat the student in case of medical emergency while he/she is participating in program-sponsored activities.

Does the student have any medical or physical conditions that should be made known to the program staff? Is the student taking any prescribed medications?

Four horizontal lines for handwritten response.

I understand that all of the information—financial and educational—submitted by me will be held in the strictest confidence and will only be used to determine the eligibility status of the student applicant. I certify that all of the information is complete and correct to the best of my knowledge. I will also inform the program of any changes in the address or phone number of my family.

Name of Student (Please Print)

Date

Name of Parent (Please Print)

Date

Signature of Parent/Guardian

Date