



## TRIO Upward Bound Program

### TRIO/Upward Bound Program (M/C 343)

University of Illinois at Chicago

1200 W. Harrison, Suite 2720

Chicago, Illinois 60607

(312) 996-5046 Fax: (312) 996-9298

## Authorization to Release Information

Student: \_\_\_\_\_ D.O.B \_\_\_\_\_  
Last Name First Name

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ School ID # \_\_\_\_\_

*I hereby authorize any educational institution that I am attending or will attend to release information regarding my enrollment status, school transcripts, copies of Math, Science, and Reading diagnostic test scores, and any other pertinent information to the University of Illinois at Chicago Upward Bound Program.*

*I understand that this information will be kept confidential and be used to maintain follow-up data and for general reports to the United States Department of Education.*

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Students Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*Complete this form and submit it along with the application. The student should give a copy of this authorization to his/her school.