

Upward Bound

Authorization for Release of Information

I _____

Student's Name _____ **Date** ____/____/____
(Last Name) (First Name)
High School _____ **Grade** _____

Please indicate the specific classes you are currently taking in school:

" Composition " Literature

" Algebra " Geometry " Pre-Calculus " Adv. Math " Other

" Civics " Am. History " World History " Geography

!!!! " Biology " Chemistry " Physics " Adv. Science " Other

" French " Spanish " Japanese " Other

" Computer " Electives

Please list any after school activities:



\$ **Out of the areas listed on Page 5, what do you feel you need the most help with?** _____



\$ **Are there any other areas or issues not mentioned that you feel you need help with? Please explain**



\$

Student's Name _____ Grade _____
(Last)