

UPWARD BOUND

SALEM UNIVERSITY 223 W. MAIN ST. SALEM, WV 26426
PHONE: 304-326-1261 / FAX: 304-782-4882

RELEASE OF INFORMATION

DATE _____

PURSUANT TO THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, I
HEREBY GIVE MY PERMISSION TO _____ HIGH SCHOOL TO
FURNISH THE UPWARD BOUND PROGRAM AT SALEM UNIVERSITY ANY SCHOOL
RECORDS AND INFORMATION CONCERNING MY CHILD,
_____, WHICH IS NEEDED FOR APPLICATION AND
PARTICIPATION WHILE IN THE UPWARD BOUND PROGRAM.

SIGNATURE _____
Student Applicant

SIGNATURE _____ RELATIONSHIP _____
Parent or Guardian

ADDRESS _____

TELEPHONE _____
Parent/Guardian

OFFICE USE ONLY

- Class Schedule
- School Records
 - WVGSA (8th) and/or PSAT Scores (if applicable)
 - Most Current Report Card
 - Transcript (with most current grades)
 - Other _____