

Wittenberg University TRIO Upward Bound Program  
Record Access Authorization

INSTRUCTIONS: Parent/Guardian: Please complete this form and return it to:

Wittenberg University TRIO Upward Bound Program  
P.O. Box 720  
Springfield, Ohio 45501

I, \_\_\_\_\_, hereby authorize  
Parent/Guardian

Representatives of the Wittenberg University TRIO Upward Bound Program to have full access to the following information from the record of:

Student ID# \_\_\_\_\_

- Counselor/Teacher Evaluation
- Grades
- Attendance Record
- Truancy and Demerit Records
- Transcripts & Disciplinary Record
- Results of ACT, SAT, and Standardized Reading, Math, and Intelligence Tests

WITTENBERG UNIVERSITY'S TRIO UPWARD BOUND PROGRAM

PARENTAL STATEMENT

I, (parent/guardian's name) \_\_\_\_\_, agree for my  
son/daughter (student's name) \_\_\_\_\_ to participate in \_\_\_\_\_

I understand that (student's name) \_\_\_\_\_, is to participate in:

College Placement Activities (seniors only)

Cultural activities (at least one per month)

## MEDICAL AND EMERGENCY INFORMATION

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

The law requires that before medical services can be performed for a person under 18 years of age, permission of the parent or guardian must be secured. In the event of serious illness or accident, even:

# Wittenberg University TRIO Upward Bound Program Mental Health Record Access Authorization

Does your child currently attend mental health counseling?    yes    no    If yes, please

complete the section below.

INSTRUCTIONS:    1.    2.    3.    4.    5.    6.    7.    8.    9.    10.    11.    12.    13.    14.    15.    16.    17.    18.    19.    20.    21.    22.    23.    24.    25.    26.    27.    28.    29.    30.    31.    32.    33.    34.    35.    36.    37.    38.    39.    40.    41.    42.    43.    44.    45.    46.    47.    48.    49.    50.    51.    52.    53.    54.    55.    56.    57.    58.    59.    60.    61.    62.    63.    64.    65.    66.    67.    68.    69.    70.    71.    72.    73.    74.    75.    76.    77.    78.    79.    80.    81.    82.    83.    84.    85.    86.    87.    88.    89.    90.    91.    92.    93.    94.    95.    96.    97.    98.    99.    100.

# WITTENBERG TRIO UPWARD BOUND STUDENT CONTRACT

Please read carefully and have the student sign in the designated spaces.

(Student name)

the following commitments:

1. I will attend my high school classes regularly.

Name of Applicant \_\_\_\_\_  
First M.I. Last Name

**TO THE STUDENT:** This form should be completed by a present or former teacher, counselor, dean, and/or principal of your choice.

**TO THE PERSON COMPLETING THE RECOMMENDATION:** Your frank and impartial response to this form will greatly help in meeting the aims of the Upward Bound Program. We are interested in obtaining information that will aid us in arriving at a decision regarding the

[The remainder of the page is a series of horizontal lines, likely for writing a recommendation or student response.]

