

**\*Release of Student Information  
STUDENT PORTION**

**The top portion is to be completed by the student and parent/guardian.  
Please return BOTH copies of this form to your high school guidance office.**

Student Name \_\_\_\_\_ Current Grade 9 10 11

High School \_\_\_\_\_ SSN \_\_\_\_\_

I hereby authorize my high school to release my official student information including transcripts, grades, test scores, disciplinary records, and other information concerning my academic and personal well-being to the Crowder College Upward Bound and Upward Bound Math/Science programs. I also authorize my high school to release official copies of any and/or all of my report cards.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**\*\*\*FOR HIGH SCHOOL USE ONLY\*\*\*TO BE COMPLETED BY GUIDANCE OFFICE\*\*\***

**If the student is a current 10<sup>th</sup> or 11<sup>th</sup> grader**, please complete the bottom portion of this form and attach an official transcript.

**If the student is a current 9<sup>th</sup> grader**, please provide 8<sup>th</sup> grade transcripts and 8<sup>th</sup> grade State Standardized Testing scores in English and Math.

Signature of person completing form \_\_\_\_\_

Title \_\_\_\_\_ Phone number \_\_\_\_\_

**Cum.GPA for last academic year completed:**

\_\_\_\_\_ on \_\_\_\_\_ scale.

Grade Level: \_\_\_\_\_

**Standardized Test/EOC:**

Scored proficient or above on State Standardized Testing

**Math:** Yes\_\_\_ No\_\_\_ **R/LA:** Yes\_\_\_ No\_\_\_

Does this student have any diagnosed learning disabilities? Yes\_\_\_ No\_\_\_

According to your records, has this student violated the Missouri Safe Schools Act? Yes\_\_\_ No\_\_\_

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