Orange Unified School District
El Modena/Orange High School

AUTHORIZATION TO RELEASE STUDENT RECORD INFORMATION
TO THE Upward Bound Math and Science Program

PLEASE RETURN
THIS ACKNOWLEDGMENT STATEMENT
TO THE REGISTRAR IN THE COUNSELING OFFICE

Student's Name:_____ _____
Last Name **First Name**

Student's Email Address: _____

Student's Current Home Address: _____
Street Address

_____ _____
City **Zip Code**

Mailing Address, if different: _____
P.O. Box or Street Address for mail only

_____ _____
City **Zip Code**

I hereby authorize my child's school to release student record information, including student name, addresses, email address, and transcripts, to the Upward Bound Math and Science Program. I understand that only UBMS personnel and their authorized agents will have access to my child's student record. Student information, including names and addresses, will not be given to others for any purpose. This information will be utilized only by UBMS to implement and support the eligibility in the UBMS program.

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Signature of Parent or Guardian **Date**