

UPWARD BOUND APPLICATION--ACADEMIC NEED ASSESSMENT

(to be signed by parent or guardian and completed by guidance counselor)

Student Name: _____

School: Ashe County

Avery County

Current Grade: 9 10

Watauga County

West Wilkes

Permission to Release Information to Upward Bound

I authorize my child's high school to release to the Appalachian State University Upward Bound staff my child's school records as needed. These records include current grades, class rank, and test scores, as well as past school records. I also permit the Upward Bound staff to discuss my child's academic and/or personal concerns with high school personnel (teachers, guidance staff, and administrators) to monitor academic progress and assess academic and personal needs. This release also gives permission for high school personnel to contact Upward Bound staff and convey information relevant to the academic and personal progress of my child. I understand that this information is protected by the Privacy Act. My authorization will continue in effect unless a written withdrawal of permission is submitted to my child's high school and the Upward Bound staff.

Signature of Parent or Legal Guardian _____ Date _____

I grant permission for my student to participate in any usual testing program provided by the Appalachian State University Upward Bound Program. I understand that the results from these tests are protected by the Privacy Act. I also authorize Upward Bound staff to share the results of these tests with high school personnel and other qualified professionals who will work with my child.

Signature of Parent or Legal Guardian _____ Date _____

Counselor:

In order for this student to be considered for the Upward Bound program, we must have the following information.

- 1. A copy of the student's most recent report card.**
- 2. A copy of the student's class schedule (both fall and spring, if they are different).**
- 3. A copy of the student's North Carolina Standardized Transcript with test scores and absence records.**

Please comment on the student's suitability for the Upward Bound Program.

Is the student a behavior or discipline concern? Please explain.

Any other comments?

To the best of my knowledge, this information is accurate and complete.

Signature of Guidance Counselor

Date

Please complete, sign, make a copy for your records, and return to the Upward Bound office. Thank you very much.

Upward Bound
 Appalachian State University
 P.O. Box 32807
 Boone, NC 28608-2087
 (828) 262-2291