



# UPWARD BOUND

## The University of Virginia's College at Wise AUTHORIZATION TO OBTAIN EDUCATION RECORDS



The **Family Educational Rights and Privacy Act (FERPA)** specifies the rights of students to privacy and confidentiality with respect to their education records. Information regarding each Upward Bound participant is to be collected for annual reporting to the U.S. Department of Education, as well for the purposes of: ascertaining academic progress and assessing academic needs; monitoring high school retention and graduation; and verifying enrollment and retention in college towards their completion of a post-secondary degree program. An education record is any record, in any form or medium, that is directly related to a student by way of personally identifiable information and may include records such as those listed below:

TRANSCRIPTS	MID-SEMESTER GRADE REPORTS
ATTENDANCE AND TRUANCY RECORDS	PARTICIPATION IN OTHER TRIO PROGRAMS
SCHOOL ENROLLMENT STATUS	FINANCIAL AID INFORMATION
DUAL ENROLLMENT RECORDS	COLLEGE ADMISSIONS AND ENROLLMENT INFORMATION
ACT/PSAT/SAT AND PLACEMENT TESTING SCORES	DISCIPLINARY RECORDS
VIRGINIA STANDARDS OF LEARNING (SOL) SCORES	OTHER INFORMATION RELATED TO ACADEMIC PROGRESS

*NOTE: Upward Bound will never release identifying information to third parties without the participant's written consent.*

**To whom it may concern,**

*I, the undersigned participant, hereby authorize the release of my education records as defined above to the Upward Bound Program at the University of Virginia's College at Wise. I have read the above information and I understand that records may be requested from my primary/middle/high school, alternative school, school board office, post-secondary institution, or other organization with the authority to maintain my educational records. I understand that any office receiving a request for records will be provided a copy of this authorization upon request. I understand the information may be received orally or in the form of paper/electronic records, and that I have a right to inspect any written records released pursuant to this authorization. I understand I may revoke this authorization upon providing written notice to the UVA-Wise Upward Bound office. I further understand that until this revocation is made, this authorization shall remain in effect and my educational records will continue to be provided to the Upward Bound program for the specific purposes described above.*

**PARTICIPANT SSN (LAST 4 DIGITS):** XXX-XX-\_\_\_\_\_

**PARTICIPANT DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
**PARTICIPANT PRINTED NAME**

\_\_\_\_\_  
**PARTICIPANT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT/GUARDIAN PRINTED NAME**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**