CONSENT TO PARTICIPATE

College of Saint Benedict/ Saint John's University
UPWARD BOUND Program

I hereby certify that I give my consent for my son/daughter to participate in the College of Saint Benedict/Saint John's University UPWARD BOUND Program to be held on the college’s campus in St. Joseph, Minnesota. I understand the program covers the entire academic year and my son/daughter will attend a meeting one Saturday a month. He/She will also take part in counseling and tutoring sessions with the Program Advisor(s) to support the student’s academic progress in high school.

I understand that my son/daughter may have the opportunity to attend the on-campus summer session of the UPWARD BOUND Program for six weeks. Students will be on campus Sunday night through Friday afternoon, except the July 4th holiday weekend, as determined each year.

I give my permission for him/her to take part in any off campus field trips that are sponsored and supervised by UPWARD BOUND staff. I understand that the program is not held liable.

I understand that the personal information I give to the UPWARD BOUND director is sent to the United States Department of Education. The Department of Education has the authority to gather information to ensure that students are receiving appropriate high quality services. The information is necessary to determine eligibility of applicants when they enter the program and to measure their progress while they are in the program.

The information I provide is protected by the Privacy Act. No one may see the information unless they work with or for the UPWARD BOUND program or are specifically authorized to see the information.

Parent Signature: ___________________________ Date: ________________

Please complete reverse side of sheet
CERTIFICATION OF RELEASE OF RECORDS

College of Saint Benedict/ Saint John’s University
UPWARD BOUND Program

The personal information you give to the UPWARD BOUND director is sent to the federal government (Office of Education). The information is protected by the Privacy Act. No one may see the information unless they work with or for the UPWARDBOUND Program or are specifically authorized to see the information. The information is necessary to determine if you are eligible to participate in the program and helps the government to measure you success. The Office of Education has authority to gather information to help make UPWARD BOUND a better program (20USC 1231a). If you do not give this information to the UPWARD BOUND Program and the Office of Education, you cannot receive any benefits from the program.

I hereby authorize the release of the following information to the UPWARD BOUND Program at the College of Saint Benedict/ St. John’s University:

A. Transcript of grades from her/his high school records
B. Standardized test scores
C. School counselor or psychologist information
D. School attendance records
E. Financial aid award letters
F. JTPA family financial information, AFDC and Social Security verification
G. Free/reduced lunch verification

This information is to be used as part of the evaluation and follow-up related to the UPWARD BOUND Program. All information is to be treated as confidential, in keeping to the Family Educational Rights and Privacy Act. This release is to be considered valid for the period of time that my son/daughter remains in the UPWARD BOUND Program.

I fully understand the above provision and hereby give my consent to have all pertinent data forwarded to the College of Saint Benedict/St. John’s university UPWARD BOUND Program for the duration of my son’s/daughter’s participation in the program.

________________________________  __________________________________
Student Signature      Parent/Guardian Signature

_______________     _______________
Date        Date

________________________________  __________________________________
School Name      School Phone Number

_________________________________________________________________________
School Address