



**OFFICE OF ACCESS/TRIO PROGRAMS  
CASE WESTERN RESERVE UNIVERSITY**

**AUTHORIZATION FOR RELEASE OF ACADEMIC INFORMATION**

*This form is to be completed by the parent(s) or guardian(s) of the student who is applying for the Upward Bound Program*

I hereby grant permission for \_\_\_\_\_ to  
School  
disclose and provide to the Case Western Reserve University Upward Bound Program upon request  
transcripts, grades, attendance record, schedules, truancy and demerit records, results of ACT, SAT,  
PSAT, proficiency scores and standardized reading and mathematics tests which are contained in the  
academic records of:

\_\_\_\_\_  
Student

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Student of Parent/Guardian

\_\_\_\_\_  
Date