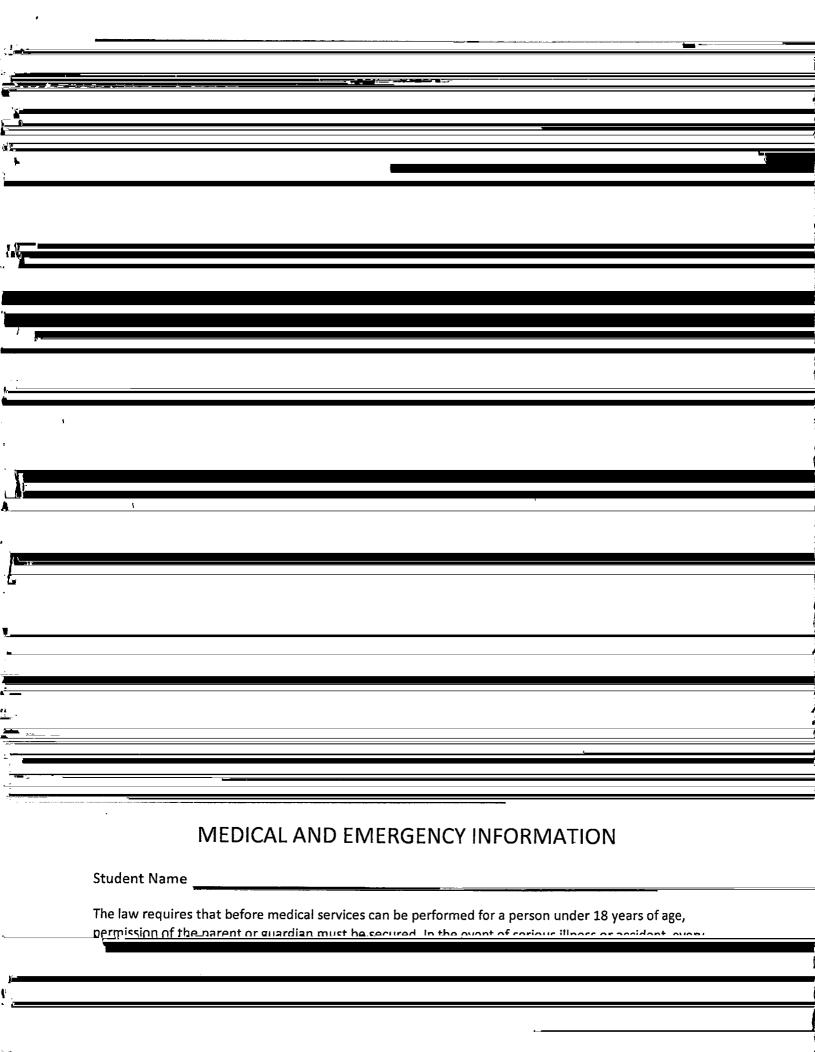
Wittenberg University TRIO Upward Bound Program Record Access Authorization

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	Wittenberg University TRIO Upward Bound Program
	P.O. Box 720
	Springfield, Ohio 45501
	I,, hereby authorize
	I,, hereby authorize Parent/Guardian
	Representatives of the Wittenberg University TRIO Upward Bound Program to have full access to the following information from the record of:
	To now mig information from the record of:
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	Student ID#
	Counselor/Teacher Evaluation
	• Grades
	 Attendance Record Truancy and Demerit Records
	Transcripts & Disciplinary Record
	Results of ACT CAT and Chandendined Deadine Mark and Intelligence Tests

WITTENBERG UNIVERSITY'S TRIO UPWARD BOUND PROGRAM

PARENTAL STATEMENT

	I, (parent/guardian's name)	, agree for my
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	Lunderstand that (student's name)	, is to participate in:
	, anderstand that (stadent's harne)	
	College Placement Activities (seniors only)	☐ Cultural activities (at least one per month)



Wittenberg University TRIO Upward Bound Program Mental Health Record Access Authorization

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	complete the section below.	
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Office.

WITTENBERG TRIÓ UPWARD BOUND STUDENT CONTRACT

Please read carefully and have the student sign in the designated spaces.

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	Name of Applic	cant			
	* *	First	M.I.	Last Name	
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	Name of Applicant			
	First	M.I.	Last Name	
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	TO THE PERSON COMPLETING	THE RECOMMENDATION	ON: Your frank and impartial	
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