



The
UNIVERSITY
of **VERMONT**



234 Living and Learning, Burlington, VT 05405

Phone: 802-656-2961 Fax: 802-656-0055

Transcript Release Form

I hereby give my permission to: _____
(Name of School)

to release transcripts, report cards, test scores and other academic records for:

(Name of Student)

to participate in the University of Vermont Upward Bound Program. If accepted into the Upward Bound Program, the school may continue to release the above-mentioned records to the Upward Bound Program for U.S. Department of Education-mandated reporting purposes.

(Print Name of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)

Please submit this form **with your completed application** to your School Counselor or to Upward Bound [Adam Hurwitz, adam.hurwitz@uvm.edu].