



Parental Authorization to Obtain Educational Records

Student/Applicant Name (print):

High School Name (print):

PJC Upward Bound project administrators have my permission to request and receive any educational records and/or other required documentation for the above named applicant to participate in the PJC Upward Bound Program.

This permission extends throughout the entire duration of the applicant's participation in the program, or until such time as it is terminated by written request of the parent/guardian named below.

Thank you for your support of this student in furthering their educational goals and experience.

Authorized Parent/Guardian Name (print):

Authorized Parent/Guardian Signature